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Lecture

on Diseases of Children.

Delivered at the College of Physicians and Surgeons, New York.

BY PROF. A. JACOBI.

Reported expressly for the Medical and Surgical Reporter.

Rachitis, with Crepitation in the Knee Joint.

Gentlemen:—Here is an infant, nine months old, which the mother has brought us, not because she thinks it is ill, but because she has lately discovered that "its knees crack;" and this has worried her. It is about a week since she noticed it for the first time. On making an examination for ourselves, the mother's account is confirmed; for, when we hold the femur firmly, and rock the leg from side to side, we get a sort of crepitus in the knee. It needs but a glance at the general appearance of the child, however, to determine the explanation of this phenomenon. The shape and other characteristics of the head, the peculiar formation of the chest, due to the abnormally soft condition of the ribs, the large abdomen, all show that the infant is markedly rachitical. Therefore the soft state of both the ligaments and bones incidental to the rachitis admits of a wider play than usual about the joint, and consequently, the motion of the hard surfaces upon each other produce the crepitation noticed. It is due to nothing else, I assure you, than rachitical elongation of the synovial membrane of the joint.

When we come to inquire into the feeding of the child, we find that although the mother is still nursing it at the breast, she has been in the habit of giving it farina, potatoes, bread and butter, and other articles "whenever the baby wanted them;" which, of course, means very often indeed. Now, even if the food employed was altogether of the most appropriate character, it would be impossible for any infant to digest it if given in this very frequent and irregular manner, and it is a well ascertained fact that rachitis, when not due to any hereditary tendency or to pulmonary trouble, is always the result of improper feeding.

The first thing to be done by way of treatment here, then, is to regulate the diet of the child, and see that it has five or six, instead of a dozen or fifteen meals a day. As it has contracted rachitis while taking the mother's milk, I think it had better be weaned now and given something else. At first I will order it one part of cow's milk to three parts of barley water, with the addition of a little salt and sugar. As its bowels are not constipated I mention barley water; but if they were, I would suggest oatmeal instead. By way of medication I think a little syrup of the iodide of iron will be all that the child requires at present; and this will act as a tonic and an alterant, as well as tend to prevent the fermentation which so commonly goes on in the alimentary tract of rachitical children.

Malnutrition and Diarrhœa in an Infant, from Improper Feeding.

The following history is given of this infant: Mary F., six weeks old, was healthy when born. When two weeks old the mother says that it had white spots in the mouth, which gradually increased in number. There were also spots on its legs, which looked like prickly heat. After that its bowels became loose, the evacuations being green in color and containing white lumps; and it began to lose flesh. Its buttocks, and genitals, and groins soon became sore and inflamed, and when it was a month old it commenced to vomit. It has also had a slight cough. The father and mother

are healthy. They have had nine children, six of whom are still living. Of the three that died one was born very feeble and did not live long; the second died of whooping-cough, and the third while teething, at the age of ten months. The mother has had but one miscarriage: and so we can, at all events, probably exclude syphilis as having anything to do with this infant's trouble. Neither does there seem to be any other hereditary taint, and, therefore, we must look for some cause or causes of the difficulty in the child itself.

The spots in the mouth, of which the mother spoke, were, no doubt, thrush, or *muguet*, as the French call it, and they have all now disappeared; though the pharynx still presents a redder appearance than normal. On examination we find a well-marked erythema about the labia majora and arms, and also upon the inner surface of the thighs. An eruption of this character is usually due to external irritation, such as is liable to be set up by contact of fæces or urine with the skin, when perfect cleanliness is not observed. One of the most common of all the causes of infantile erythema is the use of diapers which have been wet with urine and then simply allowed to dry, without having first been washed. In the present instance the trouble is probably attributable to the diarrhœa from which the child has been suffering. As to the diarrhœa itself, the cause of that we shall no doubt find to have been improper feeding; the food being either of an inappropriate kind, or else administered in too large quantities, or too frequently. The infant has also had another eruption, which has been described as prickly heat, and although prickly heat is not very often met with at this season of the year, I think the mother was probably right in so denominating it. It is easy enough to maintain summer heat in a bedroom, and the little vesicles seen in the eruption mentioned sometimes make their appearance on children who are kept too warm, and not allowed sufficient fresh air.

For the erythema I would suggest oxide of zinc, or diachylon, ointment; or it may be that simply a powder will suffice. Lycopodium, however, should never be used in such cases, as it unites with the effused serum, to form a mass which is very irritating to the inflamed skin. The best powder here would probably be one composed of starch and oxide of zinc. To protect the parts most exposed to it from the irritation of the fæces and urine a little cold cream, or simple cerate should be employed now and then. At the same time they should be kept as cool as possible.

As the diarrhœa, in all probability, depends upon improper feeding, it follows, of course, that in order to get rid of it we must address ourselves to the cause. The mother being unable to nurse the child at the breast, I would suggest that it should have cow's milk, which has been boiled and skimmed, diluted from one-half to one-third. Instead of adding simple water to the milk, however, we should employ a farinaceous gruel; and here barley water would be the most appropriate. Oatmeal, which would only tend to increase the diarrhœa in this case, is very useful where the bowels are constipated. If there is acidity, a little lime water may be used. It is a great mistake, however, to suppose that lime water is really worth anything as an antacid, because, so feeble is its action in this respect, that a vast quantity of it would in fact be necessary in order to produce any appreciable effect in neutralizing acidity by means of it. Still it is often very serviceable in such cases, and especially if there is but little acid present. It also has a very excellent effect in interfering to some extent with the coagulation of the milk; for it is found that when lime water is given with it the coagula are not so large or so firm as they would have been had it not been employed. The white lumps in the child's passages, which were described by the mother, are made up of casein and fat, and they indicate either that the stomach does not digest properly, or that the quantity of milk taken by the child is too large. If necessary, the milk may be reduced until it is only in the proportion of one to three; and in case the diarrhœa should continue, it might perhaps be well to allow no milk at all for a period of twelve or twenty-four hours. In some cases it is desirable to withdraw the milk for even three or four days; in the meanwhile giving the child barley water and white of egg.

The Solfatara Treatment of Phthisis.

Dr. H. R. Storer has, within the last year or two, introduced to the American and English publics, in various articles, the alleged advantages to consumptives of a treatment by the natural sulphur craters of Pezzuoli, near Naples. On the other side, we notice a paper has been published in the *Annali Clinici*, of Naples, by Dr. Petterutti, detailing experiments with a number of phthisical cases, which seem to show that the solfatara treatment is of no sort of value, or at most, but as a slight and temporary alleviation. What advantages were derived, were due to the change of diet, outdoor life, etc. But as to a cure, or any condition at all approaching it, there was no sign of one. We rather think that Dr. Storer's well known enthusiasm has led him to over-estimate largely the effects of the sulphurous atmosphere.

COMMUNICATIONS.

THOUGHTS ON MIDWIFERY—No. 1.

BY HIRAM CORSON, M.D.,
Of Conshohocken, Pa.

Fifty years ago we were men-midwives, twenty years ago came to be obstetricians, now we are gynecologists. In the first period of time physicians regarded midwifery as a part of the practice of medicine; now it is a department of surgery. Then, delivery by the forceps was rarely resorted to, but the condition of the woman was carefully watched and attended to, while the physician and attendants were waiting the steady and generally efficient efforts of the womb to deliver the child. Then, ruptures of the perineum and os uteri were very rare, and save in cases where ergot was used too early, or injudiciously, still-born children were seldom seen. Now, lacerations of the perineum are so frequent that operations for the restoration of the parts contribute to the income of our best surgeons. Then, physicians went to attend their cases without obstetrical instruments—armed only with the catheter, lancet, laudanum and ergot. Now, the young physician, with the fear of rigid os uteri, resisting perineum and uterine hemorrhage before his eyes, carries a scalpel to nick the rigid os, and to cut, according to geometrical rules, not the perineum, but the sides of the vaginal opening, at an angle accurately described by experienced teachers; needles and wire, shot and tweezers, to close again the divided parts; forceps, to bring away the child speedily when the labor has as yet but fairly begun; ether, and brandy, and vinegar, to use as occasion may require; an array which, certainly, if it serve no other purpose, will add to the importance of the doctor in the opinion of the patient and her friends.

At the recent meeting of the American Gynecological Society, in Philadelphia, the papers read and the discussions on them were deeply interesting, but they presented the dangers attending ordinary labor as being so numerous and so fearful, that a person unacquainted with the process would have reasonably supposed that but few women could pass through it unharmed. The frequent use of the forceps was urged by several of the celebrated men, who joined Dr. Fordyce Barker in the assertion that "the longer he practiced the more he was inclined to use the forceps," and that they were not the frequent cause of laceration of the perineum. We are greatly disposed to follow the lead of eminent men, and it was very noticeable on that occasion. The utterance of Doctor Barker was echoed by various speakers, until it really seemed as though it was a settled fact that the forceps could scarcely be dispensed with in any labor, if we wished to save the woman from hours of needless suffering, from vesico-vaginal fistula, from laceration of the perineum, from uterine hemorrhage and ruptured bladder.

It was, then, a comfort to hear Dr. Humphrey Storer, a man of great experience, say, "that among the several thousand cases of midwifery which he had attended, there had occurred (only) two cases of vesico-vaginal fistula. In the city from which he came there was no man used the forceps more seldom than he did. Doubtless the instrument was of great service, but the idea that it was constantly to be used was one which should be carefully considered. There was no question but that certain accidents had attended the use of the forceps, such as rupture of the perineum, etc., and he believed we should be exceedingly careful, and point out the fact that injury was produced by their too frequent application. His view was, that they were oftentimes improperly employed, under improper circumstances, and that therefore the Society should be cautious in the expression of views which were specially to influence the younger members of the profession." With reference to the occurrence of lacerated perineum as frequently when forceps were not used as when they were used, as had been stated by Dr. Wilson, of Baltimore, Dr. Storer said, "that in almost every case of that character which had fallen under his observation, the injury had been produced by the use of the forceps." It was a pleasant sight to see this gentle, intellectual-looking, aged man, who had witnessed the birth of many thousand children, standing up in the face of these many advocates of the forceps—the followers of fashion in practice—and declaring to them the unwelcome truth that the forceps had been the cause of nearly all the lacerations of the perineum which had come under his observation.

And when the discussion seemed to be closed it was cheering to hear the skillful Dr. Goodell, the president of the meeting, say, "that he was inclined to agree with Dr. Storer with reference to the frequent use of the forceps. That the skilled operator could use them without reference to special rules, but it was well-known that the perineum especially, and not infrequently the cervix uteri, were ruptured in consequence of the use of the forceps, by those who were inexperienced in that instrumental operation, and therefore he feared that the teachings of the discussion, unless somewhat qualified, might do harm."

These were words fitly spoken, but I fear they will have but little influence in guarding the many teachers of midwifery who were present against urging upon their pupils the advantage of taking the labor away from the agents which nature has provided, and effecting it by means of the forceps. How fearful are the results of such teaching! The lacerations and the still-born, do not they bear witness?

A paper, "On the Surgical Treatment of Dysmenorrhœa," by Dr. Marion Sims, was, in his absence, read by the Secretary. From this it appeared that the bilateral incision of the cervix uteri, so often performed by Dr. Simpson, was rejected by Dr. Sims, who advocated strongly the antero-posterior incision, which he had performed in nearly or quite a thousand cases in about twenty years.

It was well done in Dr. Barker to inquire, "How did it happen that one man believed that in twenty years he had found nearly a thousand cases in which the cervix needed incision, while others, whose sphere of gynecological observation had been equally large, in both hospital and private practice, and who fully believed in the propriety and utility of the operation, had not found occasion to perform it in one-fifth of that number of instances?"

There was much discussion on the subject, but for my purpose it is sufficient to say that while several, indeed nearly all of them, favored the cutting operation, "when necessary," there was a general concurrence in the belief that it was too frequently performed, and that there was danger in it; that cellulitis and death were not uncommon.

I was deeply impressed by this discussion. Here were many justly celebrated men speaking of the treatment of a disease, or more properly, a mere disability and destitute of danger, by making incisions through the neck and mouth of the womb, which are always hazardous and sometimes produce death, while there were those sitting there as listeners who had attended thousands of women and had relieved like disabilities by remedies speedily efficient and yet neither unpleasant nor dangerous. It was a confirmation to me of a belief long entertained, that there are serious objections to specialists in midwifery.

Once a month a woman has much pain for a few hours, followed by scanty menstrual discharge, and if married for a year or two without becoming pregnant, applies to her physician. If a man of experience in the practice of medicine, he prescribes, just prior to the monthly period, medicine to moderate or prevent pain, and very probably the next period will find her restored to health; but, if not, a continuation of the remedies will in most cases work a complete cure. But what of the uncured cases? These, I am happy to say, he would relieve by gentle, careful dilatation—if a case of stenosis—which neither risks life nor causes death. Or, if an incorrigible case, he might follow the practice of forcible dilatation advocated in that meeting by Dr. Ellwood Wilson, as greatly to be preferred to incision. But suppose such a case to fall into the hands of a specialist in the art, one who has separated himself from "general practice;" what will he do? He must do something beyond what a mere physician could be expected to do with his drugs. Disregarding the condition of his patient, making but little inquiry into the physical and moral causes, the every-day-life, the domestic trouble, the various circumstances which combine to deteriorate health, he sees only a woman who suffers at her monthly periods, has pain, and scant menstrual discharge, and he jumps to the conclusion that there is a flexion, or version of the womb, or that the mouth or the neck of it is somehow at fault; and having, as he believes, ascertained the need of an operation, and gratified by the opportunity to add another to his growing list of cases, he stops not to consider the risk to his patient, but plunges his knife bi-laterally, or antero-posteriorly—as he follows this or that master—through the neck of the womb, and slits it down through its mouth.

To me such a procedure seems shameful. What was there in the condition of this patient that demanded an operation declared by some of our most eminent men to be always dangerous and oft-times fatal? Nothing that could not most probably have been relieved by an intelligent physician. Her life was not endangered by her disability; her monthly sufferings not a whit greater than those borne by many women who enjoy good health and have borne several children.

But do I hear some one say that the operation is performed in order to place the womb in a condition to facilitate impregnation? Do statistics prove that such a result is likely to follow?

Dr. Noeggerath said, "that though cases were cured of the stenosis for two or three months, yet after eight or ten months they were in the same condition as before the operation;" and Dr. Emmet closed the discussion by the remark that, "Mechanical dysmenorrhœa, as a rule, is a myth, because it almost always depends on some defect in nutrition, apart from the uterus."

Even those who favored the operation in some cases, admitted its dangers, and could not speak with much confidence of its value, and Dr. Barker boldly said, "that in the most skilled hands the operation was attended with some risks; not only failure to improve the health and condition of the

patient, but absolute danger to life. In New York city alone there had been sixteen deaths from this operation which had never been reported."

If all these utterances are true, how shameful are these experiments on women.

There were other subjects discussed which I may notice hereafter, in order that the readers of your journal may be informed touching the discordant views of eminent obstetricians, and may, instead of thoughtlessly following the teaching of expert operators, take counsel of their own experience.

DIPHTHERIA AND ALCOHOL.

BY C. H. LEWIS, M.D.,
Of Jackson, Michigan.

For twenty years this country has been scourged with successive epidemics of diphtheria, and yet we are practically as ignorant both of its "*fons et origo*" and of effective prophylactic means to-day as when its first wave struck our eastern coast. And who that, with a humiliating sense of helplessness, has been a witness of its ravages year after year, can feel satisfied with the progress made toward a successful treatment of this disease? 'Tis true that many survive a severe attack, by virtue of the "vis medicatrix naturæ," sometimes with the aid of treatment and sometimes in spite of it, but how many of these are "saved so as by fire," through an experience of anæmia, local paralyses, and physical bankruptcy! Rarely do we expect a malignant case to recover, and we have come to look upon a death rate equal to that in the late visitation of yellow fever as something foreordained and inevitable in every severe epidemic of diphtheria.

In view of the present prevalence of this disease in some sections, and the near approach of the season during which, in epidemic form, it is wont to number its victims by hundreds, is it not the part of wisdom for us who must stand in the breach and bear the brunt of the fight, to burnish our armor by a free interchange of ideas and experiences? If any have attained to a success above the average, the knowledge of means thus successfully employed should not be looked upon as personal property, but as a trust to be contributed to the common fund and used for the general good, while all should be eager to subject to the test of bedside experience such of these contributions as commend themselves to our judgment.

Dr. E. N. Chapman, of Brooklyn, N. Y., in a monograph entitled "Antagonism of Alcohol and Diphtheria," enunciates the strong proposition that "Alcohol is as antagonistic to diphtheria as belladonna to opium, or quinia to malaria," claiming for it invincible prophylactic, antidotal, and remedial power. This proposition he deduces from an actual clinical trial of fifteen years; and he assures his readers that in a series of 125 successive cases, embracing all grades of severity and every variety of complication, and extending through four epidemics in which the mortality under all other methods of treatment was from twenty-five to thirty-three per cent., he lost only one case.

Believing that alcohol neutralizes the poison of diphtheria as it does that of the rattlesnake, he begins the administration of brandy or whisky at the outset, pushes it rapidly to the point of saturation of the system, and maintains it there. Quinine, or some other preparation of the bark, in tonic doses, and later, iron, as a blood restorative, together with nourishment (mainly milk with lime water) constitute the only auxiliaries to alcohol. Under this treatment he assures us the skin loses its heat and dryness; the pulse becomes slower and stronger; the temperature falls to the normal point; and the restlessness, which is a marked feature of these cases, gives place to peaceful rest. In due time the membrane loosens and falls; the recuperative powers assert their sway; and under a continued but more moderate use of alcohol, convalescence advances apace, unhindered by relapses, and unmarred by sequelæ.

My object is not to review this little book, which contains detailed reports of cases and practical suggestions on many points, but to bring before your readers this claim for alcohol, in the hope that those who have already tested it will be led to publish their results, and many to whom it may be new induced to give it a candid trial, and also report their success or failure for the good of all. In view of the mighty interests at stake, we are verily guilty if we prove remiss in the performance of this duty, for if the wonderful results reported by Dr. Chapman can be but half reproduced in the practice of each physician, according to his opportunities, how infinitely will such achievement diminish the sum of human woe throughout our land, and how grandly redound to the glory of our profession.

As for myself, while not, with present experience sanguine enough to hope that under the use of alcohol "ninety-five per cent. of all diphtheria patients can recover," I do believe that its free use in diphtheria is never harmful, but always useful, for my best results have uniformly been obtained through an early resort to stimulating and supporting treatment.

In saying this, I believe I am expressing the sentiment of the majority of physicians, yet observation occasionally shows me that some, at least, do not suitably apprehend the depressing tendency of diphtheritic blood-poisoning.

The following abstract of recent cases will serve to illustrate these points. On Thursday, the 14th instant, I was called to Concord, in this county, in consultation with Dr. W. N. Keeler, and learned the following particulars:—

Friday, November 8th, four children in the same school sickened almost simultaneously. One, a boy, twelve years old, died on the following Monday night. Dr. Keeler who saw him in consultation Sunday evening, told me it was a case of malignant diphtheria. I was informed that this patient got no stimulating or supporting treatment.

The other three cases were in the care of Dr. Keeler, and had, from the first, cinchonidia, tincture ferri mur., and a moderate amount of milk punch, yet they all became steadily worse until Tuesday, when he adopted the heroic use of whisky.

One of the patients, a slender girl, twelve years of age, developed, on Monday, the characteristic eruption of scarlatina in abundance, but had also a free diphtheritic deposit in the throat and great swelling of one parotid region. Another, a girl of seventeen, but very frail and small for her age, had as abundant and thick a deposit of membrane on palate, tonsils and fauces as I have ever seen, and the diphtheritic odor was so strong as to make it difficult to remain for any time in the room.

The occasion of calling me was the occurrence, during Wednesday night, of severe croupous symptoms in the third patient, a boy of eleven years. The sharp cough, stridulous breathing, anxious countenance and inability to speak above a whisper, evidenced the development of membrane in the trachea (if not the larynx, also), while the tonsils and palate were covered with a soft gray exudate. The nasal passages were filled; there had been moderate epistaxis, and I saw, on Friday, a piece of thick, organized membrane, $1\frac{1}{2}$ inches by $\frac{3}{4}$ of an inch in size, which had been blown out through the nostril. Among several cases which I can recall of so severe diphtheritic croup, I cannot remember one which has recovered.

After Tuesday noon, each of these children took from four to six teaspoonfuls (from $\overline{3}\,\overline{3}\,\frac{2}{3}$ to $\overline{3}\,\overline{3}\,j$) of the best whisky during every hour, night and day, yet no stimulating effects were developed. The skin was moist and not hot, the pulse 80 per minute, firm and steady, the membrane loosening, and the general appearance bright and encouraging. Cinchonidia, small doses of iron, and good nourishment were continued, and alternate inhalations of the vapor of chlorine, and of lime were frequently used. The two cases complicated with scarlatina and croup are convalescing finely. In the other case, improvement was marked from Tuesday till Saturday, when the stomach refused to retain anything, and death from exhaustion ensued on Monday evening, ten days from the attack. I believe that the fact of this patient being in a small room with low ceiling, and difficult to ventilate, by serving to concentrate the poison, contributed largely to the fatal result. The attending physician is of the opinion that had he known this method of treatment, and adopted it at the outset, before deterioration of the blood had progressed so far, he would have had the pleasure of carrying this case also to a favorable issue.

If alcohol does act as an antidote, then manifestly much of its efficiency will depend upon its early use, and the fever of the first two or three days, which is but the excitement attending nature's frantic efforts to guard the citadel, constitutes no contraindication; for the alcohol is so rapidly neutralized by the poison, that enough cannot be absorbed to develop its ordinary stimulating effects until the poison has been in a measure destroyed. Hence, we find the excitement subsiding and strength increasing "pari passu" with the operation of our antidote, instead of fever abating and strength failing, as is the case so often when nature, unaided by art, and becoming exhausted, slowly ceases to resist, and finally succumbs in the unequal contest.

These phenomena may afford a good illustration of the antipathic principle in medicine. Alcohol is a poison to healthy blood and the excitement of intoxication but a manifestation of nature's struggle to eliminate it; and when we see great quantities of it taken into the circulation during the progress of diseases tending to septicæmia, and the symptoms of this struggle absent, is it not fair to infer that the two morbific agents are mutually destructive?

How radically is our practice changing in the treatment of fever, as we are learning how often it is not an idiopathic condition but a symptom of inability on the part of the life-preserving forces to overcome a morbid condition, or expel a morbific agent; and indicates, not an excess, but a deficiency of vital force. The habit of using depressing arterial sedatives is giving place to the employment of tonic sedatives, as we learn that not only in continued fevers but also in the exanthemata, and even in many inflammatory diseases, a large dose of quinine (thirty grains for an adult)

given at the height of the exacerbation, has the sweeping effect to reduce the temperature, make the pulse slower and stronger, promote perspiration, and produce sleep so quiet and restful as to preclude the necessity for other anodynes. This is my universal practice wherever I find a temperature as high as 102°, without regard to the name of the disease, and it is productive of very gratifying results. One marked case in illustration occurs to me. Two years ago I was summoned to a child three years old, at the commencement of an attack of double croupous pneumonia, and found the skin burning hot, respiration 60, pulse 180, and temperature 106.5°. It was one of those desperate cases in which the system seems overwhelmed by the violence of the inflammation, and I did not believe the little patient would survive the first stage. I immediately gave thirty minims of a solution of quinine containing half a grain to the minim. The disease was arrested in its beginning, and in five days convalescence was established. But little other medicine was administered, and no veratrum or other depressing sedative. In a disease like diphtheria, where the initiatory fever is so speedily followed by exhaustion, this sedation by quinine is eminently useful as a means of husbanding vitality by saving wear and tear during the stage of excitement.

November 23*d*, 1878.

MEDICAL TESTIMONY.

BY ORLANDO FEGLEY, A.M., M.D.,
Of Allentown, Pa.

Hearing the testimony of a number of physicians summoned as experts, to testify in a case of homicide, has suggested the following remarks:—

The points in the case are as follows: A man being struck with a club on the side of the neck, face, or head, there being no external evidence of violence, falls upon his face to the ground with sufficient force to detach the cartilage of the nose; does not move, groan, or give any other evidence of life. He is left by his assailant; twenty or thirty minutes afterward he is taken up dead, with a small clot of blood at his anterior nares.

Fourteen hours after death two physicians make an autopsy; they open the chest, look at the anterior surface of the lungs, feel the lungs with their fingers, take out the heart, cut into it, and close the investigation. They give the result of their examination before a jury impanneled by a country squire, and the jury finds a verdict of death caused by asphyxia.

The district attorney, not satisfied with the verdict, calls another physician, who, fifty hours after death, removes the skull, and finds two clots, estimated to amount to about an ounce of fluid blood; one-fourth of the clot being on the left, and three-fourths on the right hemispheres of the brain. What was the cause of death?

The principal answers given by the physicians to this question were: "It was compression." "It might have been concussion." "It might have been apoplexy, induced by passion and excitement." "The victim being subject to attacks of asthma, it might have been apoplexy caused by a paroxysm of asthma, which could have come on as a consequence of excitement, anger and rapidly walking to the scene of contention." "It was, in my opinion, asphyxia." "It was a mixed cause."

The questions of scientific interest were: Does hemorrhage, or extravasation of blood into the brain substance, or upon the hemispheres of the brain occur in concussion of the brain, without reaction taking place? Does ecchymosis of the skin occur from a blow where death results instantly? These questions were answered in the negative, or in an evasive manner, leaving a negative impression, by all the physicians.

Knowing the physiological fact that the heart propels the blood with a force of thirteen pounds, and the physical fact that a substance so propelled acquires a momentum equal to its mass multiplied by its velocity, we consider it well demonstrated, not mentioning other causes, that though the heart's action should cease instantly there is momentum sufficient in the blood mass to cause hemorrhage, or extravasation on or into the brain substance, the most vascular of all organs of the body, if there is a rupture of any of its vessels. If these scientific experts, divested of all their theories, would visit a slaughter house, they might, perhaps, acquire very valuable information as to whether there could occur hemorrhage after so-called instant death from concussion of the brain.

The second question might be considered answered with the first; but we will add that authorities on post-mortems say that blows on the skin of a body, not being dead more than two hours, may produce true ecchymosis with extravasation of blood.

If physiology be read with care, it will be found that the movement of the blood in the capillaries may continue after cessation of the heart's action; if not, how account for the left side of the heart and arteries being empty several hours after death. It further teaches us that after death urine may be poured out by the ureters, sweat exuded from the skin, and other secretions formed by the glands, all of which must be due to a continuation of the capillary circulation after death. The only

reason why medical witnesses so frequently commit such inexcusable errors as they do in giving testimony in courts of justice, is, that instead of taking the facts as found, they form theories, and by means of authorities attempt to support their theories, until they finally convince themselves of the correctness of their opinions. They will read, take notes, commit pages of standard works, without apparently ever stopping for a moment to think or reason. They will go before a jury and recite section after section of Carpenter's physiology, on respiration and circulation, if not interfered with by the court; all of which is as intelligible to the average juryman as the reading of a paragraph of Homer's Iliad or Virgil's Æneid in the original would be.

As long as the questioning attorney confines himself to the lesson thus learned, the doctor makes a great display of medical learning, and were no other questions to be asked, he would step from the witness stand triumphantly; but, like the school boy, as soon as the lesson learned has been recited, he is done. When plain, straightforward questions are put, he will be very careful to answer them by saying, "It is possible," "It is probable." "It is highly improbable." And after having answered a dozen or more questions in this way, he will conclude by saying, "This is an exceedingly rare case."

True, the case may be a rare one. There are no two cases alike; each case has its individuality, just as each man or woman have their individuality, yet they have points in common with all mankind.

Upon the points which a certain class of cases have in common, authorities can be found, and may be cited. Upon the points which give the cases their individuality no authorities can be found, and, consequently, reasoning from the facts must be resorted to, and if nothing can be shown to the contrary, the conclusions so formed must hold good.

Should not the so frequent discomfiture of physicians on the witness stand be a warning to the profession, that instead of forming theories, and allowing themselves to become coached witnesses in support of such theories, they do more careful reading, and, as a consequence, more intelligent thinking and correct reasoning?

—The growing sentiment in favor of recognizing woman's ability to practice medicine successfully is attested in the action of the Cincinnati Academy of Medicine, which has just admitted Mrs. Dr. Julia Carpenter to full membership. She is the first of her sex to receive this mark of appreciation.

Hospital Reports.

HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

CLINIC OF PROF. WILLIAM PEPPER, A.M., M.D.

Reported for the Medical & Surgical Reporter, by Charles A. Oliver, A.M., M.D., late Resident Physician, Philadelphia Hospital.

Rachitis.

Gentlemen:—I have here two colored children, in whom I shall show and explain to you well marked rachitic lesions and symptoms. Rachitis is essentially a disease of childhood, most frequently seen from the latter half of the first year until the period of second dentition. The causes being bad hygienic condition and improper nutriment, as, for instance, continued exposure to damp and cold; nursing from a weak, impoverished mother; artificial nourishment, etc.

The disease is principally one of the osseous system, although the entire nutrition suffers.

We find, as one of the earliest symptoms, the so-called beading of the ribs, dependent upon cartilaginous enlargements at the junction of the bone and cartilage. In both these cases, nearly all the ribs are so nodulated. The other long bones next suffer, their epiphyseal junctions having a bulbous, swollen look, more marked in the bones of the lower extremities, and at their distal ends. In these subjects we find it well displayed in the fibula and tibia.

Later in the disease, bony elevations appear along the sutural lines of the cranial bones, accompanied by localized defects of ossification, the so-called "soft spots," which are apparently due to resorption of the osseous salts. These lesions are not noticeable in either of the children I have here, and I think the frequency of the latter lesion, the "soft spots," has been exaggerated.

The deformities which result from the pressure of the body on the softened bones, as well as the subsequent induration which the bone undergoes, are well exhibited by the curving seen in this child's legs, the femoral shafts being almost sabre-shaped.

In the second child, we notice well-marked spinal curvature, consequent upon pressure. Here is a rachitic skeleton, which beautifully shows the extreme osseous lesions of rachitis. Besides those I before mentioned, you see that the skull is unusually large, but vastly differing from one from a case of hydrocephalus, in the fact that the rachitic skull is heavy, with large, square forehead, unusually marked protuberances and ridges of thickened bone along the sutures. The result is, that the vault is not expanded, the sutures and fontanelles being closed without any supernumerary bones.

About the earliest general symptom, is marked digestive disturbance, diarrhœa alternating with constipation, accompanied by restlessness at night, and profuse sweatings about the neck and head. Sometimes, in acute cases, there is febrile action. Such patients are sore to the touch, and averse to locomotion.

If we meet these symptoms, we should carefully examine for early rachitic changes in the bones.

If there is no rheumatism, suspect rachitis. If the child be improperly nourished, pale and weak, place it upon good diet—milk, eggs and broth. Give plenty of fresh air. Cod-liver oil exerts almost a specific curative effect, and should always be exhibited; it is best given in an emulsion with the phosphatic salts. If the child be anæmic, combine the use of iron the most efficacious form being the syrup. ferri iodid.

It has been frequently stated that one-fifth or even one-fourth of the children of European cities are rachitic, but I trust that this statement is an exaggeration. In America, the disease is certainly much less prevalent in the cities, and almost unknown in rural districts. It is, however, quite frequently met with in its less severe and marked forms, and demands prompt recognition and treatment. Of itself, it is not fatal, but has great tendency toward grave complications.

Tonsillitis.

This man, a laborer, a few days ago suddenly had a chill, followed by high fever, and within twenty-four hours complained of sore throat. I see he has herpes labialis; this is an interesting eruption. It occurs very commonly at the crisis of febriculæ, and is also very common after malarial paroxysms. In the present case no malarial history is given.

Upon examination, I find that he has slight enlargement of the glands at the angles of the jaws. Tonsils red, swollen, and engorged, with absence of any pseudo-membrane; uvula swollen and elongated, and in close contact with the right tonsil. Consequently, from this group of symptoms, we see that he is suffering from an ordinary simple acute tonsillitis.

We continually meet it in its different forms, painful, but easily managed.

There are three principal varieties:—

First. Simple, acute, diffused, tonsillar inflammation. The tonsils being red, enlarged and swollen, with no pseudo-membrane or follicular enlargement.

In the second variety, we not only find the tonsils engorged, but also their surfaces dotted with whitish points, which are the distended follicles, and are to be carefully distinguished from membranous exudation.

The third, or phlegmonous form, is characterized by most violent inflammation of the entire tonsil. It usually affects one tonsil principally, though after one has suppurated, the other may be attacked. The gland is enormously swollen, tense, red and painful. Deglutition is frequently impossible.

All varieties of acute tonsillitis are usually attended by marked constitutional symptoms. In children they may even be ushered in by convulsions; whereas, in adults, as in this case, chills constitute the precursory sign. The fever which follows may be very intense, the temperature not rarely reaching 103°, or even 105°. The pulse is rapid, though in children not as much so as in scarlatina.

The local symptoms are dryness and severe pain in the fauces, a sense of obstruction, leading to frequent and very painful attempts at swallowing, difficulty of deglutition, which rapidly increases, until, in the phlegmonous form, it becomes impossible. The voice is nasal and smothered.

The treatment in acute tonsillitis varies with the form. In general, it may be said that the most useful remedies are guaiacum, iron, chlorate of potassium and quinia. Guaiacum is especially valuable in the follicular form, where, indeed, it sometimes acts with almost specific effect. It is, however, useful in all varieties. It may be given in doses of three to five grains, in emulsion or in lozenge, repeated every three hours. So too, in all the varieties of acute tonsillitis, I am in the habit of giving iron in large and frequently repeated doses. The preparations which seem to me to be the best in these cases, are the tincture of the chloride and the solution of the perchloride. The latter is very well taken, even by children, if diluted with syrup of lemon or ginger. The doses I employ are twenty-five to thirty-five drops every two or three hours for adults; and for children, proportionally large amounts.

These large doses of iron may appear heroic, but it is surprising how wonderfully well they are borne, and of how much value.

For an average case, we can make a formula as follows—

℞. Quiniæ sulph., gr.xxxvj;
Potass. chlorat., ʒij;
Tr. ferri chlorid., fl ʒss;
Syrup. limonis, q.s. ad. fl ʒiij.
M. Et fiat sol.

Sig.—A teaspoonful, freely diluted, and taken through a tube, every three hours.

There are two reasons for using a tube; first, the muriatic acid acts on the dentine, and secondly, the drugs are more slowly swallowed, and hence produce better local effects.

I may remark that the reason that the treatment of diphtheria, and of the membranous angina of scarlatina, by quinia, chlorate of potash and iron, does not more uniformly succeed, is largely due to the fact that the iron is not given in sufficiently large doses.

Topical applications are also necessary. The ones I have found the most efficacious are, either a forty-grain solution of nitrate of silver, or a mixture containing equal parts of tr. ferri chlor., glycerine and water.

In the phlegmonous form none of these remedies will, as a rule, prevent suppuration. The attempt should be made by the above means, and by the local use of iodine externally over the seat of the tonsillar glands. If the inflammation progresses, suppuration should be encouraged by hot poultices, and as soon as palpation reveals fluctuation in the tonsils, we should immediately incise and allow the pus to escape.

It is also extremely important, especially in feeble persons, to remember that if dysphagia interferes seriously with taking nourishment, nutritious enemata should be administered.

[The patient was placed on the prescription above given, solution of nitrate of silver, gr. xl to fl ʒj, was applied locally, and rapid recovery followed.]

—The Vanderbilt University, Nashville, Tenn., has dismissed Dr. Winchell, because he believes the doctrine of evolution! And the Methodist Episcopal Conference, of East Tennessee, has endorsed the action. The world moves, however, in spite of bigots.

Editorial Department

Periscope.

Resection of Several Joints in the Same Individual.

This case, which occurred in the practice of Dr. M. Schede, is reported in the *Deutsche Zeitschrift für prakt. Medizin*, No. 20, 1878. The patient, a girl, aged nineteen, had suffered for four years from rheumatism of several joints, which ran a rather acute course, and finally led to the formation of ankyloses. There was bony ankylosis of both wrists and elbows, both knees and ankles; most of the phalangeal joints were also stiff. Most of the joints, with the exception of the wrists, were much thickened. The patient was thus in a state of complete helplessness. Within four months, Dr. Schede performed resection of both wrists and elbows, as well as both ankles. At the time of the report, both wrists were movable; so also were the elbows, but one had already become more stiff, and threatened ankylosis. There was limited power of motion in the ankles. The course of the case showed that a better result in regard to active and passive motion follows when the resection is extensive, than when a small piece of bone is removed. This depends, probably, on the fact that the disposition to the production of bone and the formation of ankylosis, which in some such patients remains very great, continues even after resection. The patient in this case had every reason to be satisfied with the improvement in the utility of her limbs. After her recovery, she could assist her walking by crutches, whereas she could not use them before; she could also use her hands in feeding and clothing herself, which previously was quite impossible.

Tapping the Lungs in Phthisis.

At a recent meeting of the Clinical Society of London, Dr. Theodore Williams communicated a case of bronchiectasis and lung excavation, in which an attempt was made to drain the cavity by tapping.

The patient, a man aged twenty-nine, had chronic pneumonia of both lungs, resulting in perfect resolution in one, and in induration and dilatation of the bronchi in the other. He subsequently had hæmoptysis to the amount of three pints, and lost two stone in weight. When admitted into the Brompton Hospital, in May, 1877, the symptoms were convulsive cough and fetid expectoration, containing large quantities of lung tissue, and so offensive in character as to cause frequent vomiting. There was also considerable pyrexia. The physical signs denoted consolidation of the base of the left lung, with commencing excavation. During his stay in the hospital the area over which cavernous sounds were audible increased considerably. Various kinds of treatment were tried, to relieve the cough, and to facilitate and disinfect the expectoration, but all with only temporary benefit; and as the patient appeared to be poisoned more and more by the retained expectoration, and exhausted by the cough, on October 16th, 1877, a medium-sized aspirator needle was passed between the eighth and ninth ribs, in the area of the cavernous sounds, and appeared to reach the cavity, but on exhaustion only a few drops of blood followed the operation and the puncture was subsequently closed with lint. The patient afterward suffered pain in the infra-mammary region, but as his symptoms continued to increase, a fortnight later a second attempt was made to reach the cavern; this time the intercostal space below the scene of the first operation being selected, and a trocar and large drainage-tube being introduced. On reaching the pleura a pint of brownish, fetid fluid escaped, which proved under the microscope to consist of broken-down pus cells. Symptoms of collapse followed the evacuation of the fluid, and the patient was with difficulty rallied with stimulants. The abscess was washed out with disinfectants, but no improvement took place, and the patient gradually sank, three days after the operation.

On post-mortem examination it was found that the lung contained a labyrinthine cavity formed by the breaking down of the walls of several dilated bronchi, one of which had been penetrated by the first operation. Overlying the cavity was a limited empyema, which the second operation had evacuated. The right lung was affected by recent pneumonia, the result of infection through inhaled secretion from the left, this being the immediate cause of death.

Calculus Vesicæ with a Hair-pin as its Nucleus.

A report from St. George's Hospital, in the *British Medical Journal*, gives the following curious case. A fairly nourished but rather anæmic looking girl, aged 19, came to the hospital on account of incontinence of urine. Seven months previously she was suddenly seized with acute abdominal pain, which passed off in thirty-six hours. Such attacks recurred seven or eight times. She also said that, for two months before admission to hospital, she had suffered much pain in the epigastrium and left flank, and occasionally passed blood in the urine. During the spasmodic attacks of pain, urine had run away. On examination, the urine was found to be alkaline, with copious deposit of pus. A probe passed into the bladder detected a hard mass, and on withdrawing it, brought away a little phosphatic matter. The finger in the vagina detected two sharp points, apparently those of a hair-pin, projecting backward through the vesico-vaginal septum; around this a large round mass was felt in the bladder.

Ether was administered, and on introducing a duck-bill speculum, the black points of the pin were seen projecting through the wall of the bladder into the vagina about a quarter of an inch. The calculus proving too large for extraction by the urethra, Mr. Pollock made a transverse inci-

sion between the projecting points, through the vesico-vaginal septum, one inch and a half in length. So rapidly did this opening contract, that it was subsequently found necessary to enlarge it twice. Much difficulty was experienced in extracting the hair-pin, on account of the points catching in the bladder-wall, so it was broken at its bend, and the two halves were then extracted without difficulty, and the phosphatic matter was scooped away. The mass had probably been as large as a hen's egg. The bladder-wall was about half an inch in thickness. The wound in the bladder was closed horizontally with thin silver sutures, and a flexible catheter was tied in the urethra. No constitutional disturbance followed. A fortnight later the sutures were removed under ether, the wound being healed, except where the pin had previously caused ulceration. The edges of this sinus were subsequently pared and brought together.

Suggestion for Treating Swollen Fingers.

A correspondent writes to the *Medical Times and Gazette*, London—

Allow me to suggest to your readers the use of the material in the treatment of the swellings of the fingers, which are often tedious and painful, in persons of rheumatic or gouty constitution.

For two or three years past I have used a piece of an india-rubber finger-stall in fissures and slight cuts of the fingers; and for twelve months or more I have used it in cases of thickening or deposit around the joints of the fingers after injury, with great relief to the patient. It has seemed to me that the brown finger-stalls of pure rubber are better than the black or vulcanized.

A piece of tubing may be cut into lengths of about an inch or an inch and a half. One of these can be slipped over the joint by the patient himself, after he has been taught how to do it. It should be worn constantly, day and night. The patient will soon learn how to roll it off, and reapply it after washing his hands. When it has become too loose to give the necessary support another length can be taken.

Studies on Diabetes Mellitus.

In some studies on this disease, published in the *Archiv für Klinische Med.*, Dr. Türbringer deduces that the greater the relative amount of sugar the more favorable is the prognosis; that a remedy which increases the glycosuria does the less harm, as it increases the relative amount of sugar; and lastly, that a remedy which does not alter the glycosuria is useful, as it increases the relative amount of sugar. In the first two cases the increase is due to a diminished excretion of nitrogen; and the drugs which did good by this means were salicylate of soda (8 to 10 grammes = 120 to 150 grains a day) and carbolic acid pills three times a day; quinine, arsenic acid, pilocarpin, and benzoate of soda, gave no definite result; thymol, oil of turpentine, digitalis, and bromide of potassium did harm, and are therefore contraindicated in diabetes.

Two cases of the disease are reported by Dr. Eugene Zarzana, in the *Gazetta Medica di Roma*, quoted in *The Doctor*. The first patient, a woman, had been passing a large quantity of water for three years; she was very weak, her sight was affected, and her thirst was great. At the time the treatment was begun she was passing twelve Roman livra of urine in the twenty-four hours; it was not albuminous, but contained a large quantity of glucose. At first she was given daily three-quarters of a grain of the alcoholic extract of nux vomica, dissolved in three ounces of distilled water, and the dose was increased by three-quarters of a grain every three days, until she was taking 4½ grains per diem. Under this treatment the quantity of urine diminished, and it became very acid, flocculent, and colored by biliary pigment. At the same time glucose diminished until only traces of it could be discovered. The general symptoms improved, and the patient was restored to her previous good health. The second patient was a large, robust man, seventy-two years of age. During eleven hours he passed two Roman livra and eight ounces of urine, which was rich in urates and albumen. Under the use of the nux vomica, the glucose gradually diminished in quantity, and finally disappeared entirely.

Positional Treatment of Uterine Inflammation.

Dr. Graily Hewitt says, on this subject (*Medical Press and Circular*)—

This is of the utmost consequence in all cases, difficult or not difficult. In slight cases it is alone sufficient. This is most important. Bearing in mind the circumstance that the subjects of these cases are not unfrequently young unmarried women in whom local explorations, and the application of internal local treatment are, if possible, to be avoided, it is very satisfactory to know that a rational treatment of slight uterine displacement, and commencing uterine distortion, can be carried on without recourse to these procedures in certainly the large majority of such cases. It is, of course, different when the malady is of long duration, and the uterus has been, perhaps for some years, in a very diseased state.

One or two instances may be given in illustration of these remarks. A young lady, much addicted to dancing, had not menstruated for nearly a year. No examination was made, but a diagnosis of probable commencing anteflexion was arrived at. The patient was ordered to maintain the horizontal dorsal position absolutely, for two months. At the end of one month menstruation reappeared, and the case subsequently ended quite satisfactorily. Some years ago I was consulted in the case of a young lady who had been allowed to over-exert herself in many ways, who had been much under-fed, and in whom menstruation had ceased for a long period. The horizontal position, and great care in the matter of dietary, produced a complete restoration to health. Since that time other members of the same family have exhibited like tendencies, and the same symptoms have been combated with the same simple remedies, with perfect success, though, from what I know of the history of similar cases, it was evident to me that there was decided mechanical disturbance of the uterus present, such as would, if neglected, have led in process of time to more serious results. No examination was made in either of the cases.

The horizontal position is the great desideratum.

The difficulty is to know whether the dorsal or prone position is the proper one. The lateral position may often be accepted as a compromise when this is uncertain. The symptoms generally indicate the proper course, and, forward displacements being much more common, the dorsal or lateral position is generally necessary.

Iodoform as a Local Anæsthetic.

In a recent article in the *Winer Med. Wochenschrift*, Dr. Moleschott says he has often relieved or removed the most intense gouty pains and other symptoms of gouty inflammation within twenty-four hours, by painting on the collodion. In rheumatic pains it is less efficacious, but in the various neuralgias (intercostal, sciatic, etc.) it succeeds excellently. Unfortunately, as most people know, iodoform has a disagreeable smell, which makes those using it at times objectionable to others. To obviate this, Moleschott advises that the glass vessel containing the iodoform preparation (collodion, or, what he also uses, ointment) be kept outside the window, in a leaden box provided with a well-fitting cover, the opacity of the box having the additional advantage of retarding the decomposition of the iodoform by light. He also covers with gutta-percha tissue the part anointed with the collodion; and, if possible, only applies the iodoform at night, so that most of it is absorbed, or has evaporated, before the morning, and what remains (if the ointment is used) can easily be removed with soap and water. The use of iodoform sometimes causes cardiac palpitation, but Dr. Moleschott has also more than once found a weak, irregular pulse rendered stronger and more regular by small internal doses of iodoform, just as by small doses of digitalis.

Malignant Gastro-Enteric Dysentery.

The following abstract of a report on this disease in Bergen Co., New Jersey, from August 15th to November 1st, 1877, is furnished by Dr. Clendenin:—

It was mainly endemic to the sewer-fed and low localities, when densely populated, as in the Englewood Valley Bottoms. The constant presence in patients' excrement of vermicules, could be traced as coming from the so-called wells, viz., receiving holes for the drainage, not only from the hill settlements, but of the results of putrefactive fermentation and germination, from immediate surface, slops and offal matter; 1877 being the second consecutive extra dry season, and there not having, therefore, been enough rain to cleanse the surface, earth and wells.

Prominent among the vermicules was the agamonema capsularia; Diesing, described by Prof. Joseph Leidy, of the University of Pennsylvania, in Proc. Acad. Nat. Sciences, Phila., 1856. In a letter to me he speaks of this parasite as being "found in shad, herring and other fish, which latter should be so cooked as to prevent transmission," and says he has "found them on the roe of the salted herring," and noted their "impoverishing power to shad, when many are found therein. In such cases I have always found shad pale, anæmic, and the vermicule showing its sanguinary taste from the fact of being always found encysted immediately contiguous to a blood vessel, and when found in blood loaded tissues, as the liver, for instance, coagula will be found surrounding the encyst. The vulgar habit, in such village localities, of throwing the fish scrapings and other refuse matter upon the yard, carries, in such seasons especially, more danger than exists in cooking, where fire offers an immediate remedy. The fact that these vermicules are found in the fish taken from the creek, which receives the drainage of the town, whereas they cannot be found in the fish taken from the brooks which are near by, but fed by gravel spring and mountain water, shows that they are of offal origin.

German Treatment of Croup and Diphtheria.

The following treatment of croup and diphtheria is advocated by Dr. Taube, in the *Deutsche Zeitschrift für Prakt. Medicin*, September, 1878. An ordinary inhaler is to be taken, full of water, into which is to be put each time it is used fifteen drops of the oil of turpentine. The child should be wrapped in a sheet and placed on its mother's lap, while another person holds the apparatus for eight or ten minutes, about three inches from its mouth. It is as well to grease the child's face and to protect the eyes with a cloth. At first the inhalation should be practiced every hour, day and night, the favorable result of which will soon be apparent. With regard to the carbolic acid injection, it should be made into the submucous tissue, half the contents of an ordinary hypodermic syringe, containing a weak solution of the acid (3 to 1000) being injected two or three times a day into the tonsils. Subject to certain modifications, as the case may require, Taube would recommend the following plan: 1. Hourly inhalations of the oil of turpentine throughout the day and night. 2. Injection of carbolic acid two or three times a day. 3. From one to two teaspoonfuls of Port wine or Madeira, to be given every hour; cold compress to the neck; two or three times a day a warm bath with the cold affusion; and small doses of the infusion of digitalis, to which a little benzoic acid is added. The nourishment should consist of eggs and milk only. Constipation is to be met with linseed oil, and for the separation of the false membrane, sulphate of copper, or tracheotomy, with turpentine inhalations through and above the canula.

Some Therapeutic Uses of Alcohol.

Dr. G. Timins, in the *Medical Press and Circular*, says, on this subject—

To dilate the arterial system is the chief therapeutical use of alcohol, as well as its most important physiological action. By relaxing arterial contraction the circulation is immediately modified. The greater proportion of the blood being in the arteries, the whole venous system is relieved, less blood is sent to the lungs, less force required in the heart, and the circulation for the time made easier. Coldness of surface, lividity of complexion, oppressed respiration, and feeble or laboring action of the heart (collapse) are accompaniments and symptoms of a preponderance of blood in the venous system, and are indications for the use of alcohol. In sudden cases of collapse, if the patient

cannot swallow he should be made to inhale ether by the clothing about his nose and mouth being saturated by that substance. Then diluted alcohol may be injected into the bowel.

Local passive congestion, so frequent and dangerous in the course of debilitating diseases and of convalescence, requires local treatment, but this will be much aided by, and often unsuccessful without, the cautious administration of alcohol.

In pneumonia, intercurrent or sequent of fever, the exanthems, severe injuries and operations, general bloodletting and antimony are inadmissible, and aconite is dangerous. In such cases alcohol, given to the amount of half-an-ounce of proof spirit (for an adult) every three or four hours, will be found a useful help to local derivation. Also, after the subsidence of a sharp attack of pneumonia in the healthy, when the diet requires most careful watching, and the return to ordinary food to be made most gradually, the advantage of saline expectorants will be much increased by alternating them with moderate doses of alcohol

In fever, snake bite, and other states in which the powers of life seem oppressed by blood poisoning, the free use of alcohol, by antagonizing venous congestion gives time for curative measures to be employed.

On the other hand, in all inflammations, except during the stage of collapse, and in pneumonia, which is rather an active venous congestion than an inflammation, in all inflammations in the active stage, the use of alcohol is contraindicated. Indeed, if there were such a remedy, a drug which acted in the directly contrary way to alcohol, one producing a preponderance of blood in the veins, would be indicated in inflammation.

The Revival of Venesection.

The restoration of this "lost art" is attracting the attention of our professional brethren in England. A recent editorial in the *Medical Press and Circular* says—

There are many reasons why the partial revival of bloodletting should be, under certain circumstance, a rational practice. On a former occasion we asked whether we are sure that the pathological doctrines which we are now taught, and to which we are told the overthrow of the old practice of bloodletting is to be mainly ascribed, are firmly established, and are to be reckoned among our most unassailable scientific truths? Are we sure that the pathology of which we have formed so high an opinion may not be leading us into error with regard to our abandonment of a practice in which formerly so much confidence was reposed? Are we sure that inflammation is nothing more than a manifestation of perverted nutrition—a morbid condition of the nutritive functions of the part affected To these questions we have an authoritative answer from one who can speak from experience on the subject, elucidated by scientific observation as to the pathology of the inflammatory process generally. "The doctrine," remarks Prof. Wharton Jones, "that the inflammatory process consists merely in 'proliferation' virtually ignores the vascular congestion and the symptoms depending on it, such as *rubor cum calore et dolore.* The doctrine thus refutes itself, by omitting cognizance of the condition on which depends the supply of material from the blood for the maintenance of the increased activity of cell multiplication constituting 'proliferation.' By disallowing vascular congestion as an all-important stage in the inflammatory process, the doctrine of proliferation supplies a plausible argument against the necessity of blood letting, easily admitting, however, of being disproved by clinical observation and experience."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A paper on the artificial feeding of infants was contributed to the last volumne of the Transactions of the New Jersey State Medical Society, by Dr. A. Clendenin, which he has reprinted, with cuts, and a description of the apparatus he employs. As long as so many people insist on using an artificial instead of the far superior natural article of food for babies, they may as well have the most improved apparatus; and this of Dr. Clendenin's, though rather complicated, seems to avoid various difficulties not previously overcome.

——Dr. W. E. Bullard reports, in a reprint from the New York *Medical Journal,* a successful case of intravenous injection of milk. The case was one of gastric ulcer, apparently, the immediate demand for the operation arising from excessive hematemesis. Under an exclusive milk diet he recovered. We have heard of one or more unsuccessful cases of intravenous injections of milk in this city, but we have not observed any published reports of them.

——Dr. McArthur, of Lynn, Mass., has sent us a pamphlet containing extracts from various writers, showing the value of the hypophosphites in the treatment of phthisis. We believe Dr. McArthur manufactures a line of hypophosphites. There is no doubt but that they are often valuable in early stages of some forms of phthisis. But this pamphlet of the doctor's would have been more to our taste, more valuable to the profession, and more worthy a member of the Massachusetts State Medical Society, if it had defined when, where and how the hypophosphites are valuable, and when hurtful or useless. Indiscriminate praise, especially of a remedial agent, is always unpleasant because it is always incorrect.

——Dr. John B. C. Gazzo, of La Fourche Parish, La., has had an ample experience in yellow fever epidemics, and has combined the results of that experience in a pamphlet (published by M. F. Dunn & Bro., New Orleans)

entitled "Yellow Fever; Facts as to its Nature, Prevention and Treatment." His essay contains a number of interesting facts, gives his own treatment in full detail, and concludes with the cheering assurance that "yellow fever is not, after all, a very serious disease to treat. To many experienced physicians it is one of the easiest to cure;" statements which, just at this time, in view of the medical history of the last six months, have a ring about them which must sound strange to many an old practitioner who has been laboring in the "fever districts."

——One of the most praiseworthy charities in this city is the State Hospital for Women and Infants, 1718 Filbert street. Its annual report, lately received, shows eighty-five confinements, among which there was no case of still birth and no death of a patient; truly a singularly satisfactory record. Moreover, most of the mothers have been led to correct and useful lives. The report says:—

"It seems necessary once again to correct a misapprehension growing out of the name, State Hospital, that we are in receipt of State aid, which, we regret to say, is not the case. The name implies simply that the benefits of the institution are shared by residents of any part of Pennsylvania.

"We have had to contend with no small amount of prejudice and opposition, based on ignorance of our objects, from well-meaning people, who feared that such an institution would prove an encouragement to wrong doing. Happily, a better understanding has been reached by the community, and the Board feels that the time has come for an effort to provide a building adapted to their needs, and to relieve themselves from the burden of rent."

——Dr. J. G. Kerr who for twenty-three years was medical missionary at Canton, China, gives, in a short paper published by A. L. Bancroft & Co., San Francisco, a sketch of the progress of medical missions in Asia and Africa. We have at various times called attention to this thoroughly practical and beneficent form of charity, and it is to be hoped that the plain and interesting statement of Dr. Kerr will awake renewed endeavors to send medical missionaries more extensively than has hitherto been done.

——In a reprint from the Virginia *Medical Monthly*, for October, Dr. L. Duncan Bulkley, of New York, gives some carefully presented observations on diet and hygiene in diseases of the skin.

——The advantages of the oleate of mercury in opthalmology are briefly set forth by Dr. M. Landesberg, of this city, in a reprint from the *Monatsblatt für Augenheilkunde*, September, 1878.

——In a reprint from the New York *Medical Journal*, Dr. John Byrne, of Brooklyn, describes a case of acute puerperal inversion of the uterus, and also a new instrument successfully employed; with remarks on the mechanism of restoration.

BOOK NOTICES.

Organic Materia Medica and Pharmacal Botany. By L. E. Sayre, PH.G. Published by D. G. Brinton, 115 South Seventh street, Philadelphia. pp. 220. Price $2.00.

This interesting treatise on vegetable and animal drugs contains a vast amount of information in a very little space. It is at once made clear to the reader that unnecessary detail is scrupulously avoided, and yet it does not want in clearness and roundness of expression in giving the sources (botanical and geographical), description, chemistry and pharmacology, of each substance treated upon. Not only are all the officinal drugs mentioned, but many of the new articles which have come recently into market, which are destined to become prominent in our materia medica, are also brought within its pages, and are defined in clear and concise terms. It is evident this work is well fitted for the student of medicine as well as pharmacy; not a line in it is without importance to either student.

The classification is excellent. Drugs are divided and subdivided in such a manner that even in studying the classification one becomes in a great measure familiar with a good deal of detail concerning the subject which is made so interesting.

The book begins with a chart of botanic materia medica, which gives in a convenient tabular form the following points concerning the drug: natural order of the plant, officinal name, botanical name, common name, habitat, constituents, medical properties, dose and officinal preparations. This chart occupies about sixteen pages; not an officinal drug seems to be omitted.

It is well to mention here that the botanical source, as well as the constituents, are given, according to latest authorities; for example, the source of the true Pareira Brava is given as chondodendron tomentosum; the constituents of gentian are given as gentio-picrin and gentisic acid. Veratrum is said to contain jervia and veratridia, etc.

The chart is followed by a geographical grouping of materia medica, in which representative drugs from different parts of the whole world are displayed. In the botanical section which follows very many points of structural and systematic

botany are touched, and a clear bird's eye view is taken. The plan is as ingenious as instructive.

The chapter upon natural orders contains the principal points in the description of all of the prominent natural orders of the plants furnishing officinal drugs.

As an example of the clearness of description adopted by the author, illustration can be taken from the pages following, which are devoted to characteristics of drugs. In the chapter on leaves this point is possibly more forcibly demonstrated to the best advantage, being divided as follows—

1. Margin entire, 3. Margin lobed,
2. " toothed, 4. Leaves ternate,
5. Leaves bi, or tri-pinnate,

when subdivided according to their physical properties, etc.

Two tables complete the work—a table of the alkaloids and a table of antidotes and incompatibles. It may be said of the former that it contains all of the officinal and most of the prominent alkaloids, and gives in a tabular form interesting points concerning them not heretofore compiled together.

The whole work displays evident ability, and as a convenient manual of reference to indigenous and general medical botany cannot but be highly prized.

Transactions of the Thirty-third Annual Meeting of the Ohio State Medical Society, pp. 228.

Transactions of the Medical Society of the State of West Virginia, pp. 120.

Proceedings of the Fifth Annual Meeting of the Oregon State Medical Society, pp. 87.

Of the papers in the Ohio State Society Report we would mention that by the retiring president, Dr. W. H. Phillips, on The Testimony of Medical Experts. It is an able historical review of the question. Other contributions are by Dr. J. W. Hamilton, on Maxillary and Naso-pharyngeal Tumors; Throat and Nasal Affections in their relation to diseases of the ear, by Dr. J. H. Buckner; Subsulphate of Iron as a local remedy, by Dr. C. S. Muscroft; the Curette in Uterine Disease, by Dr. T. A. Reamy; Chronic Inversion of the Uterus, by Dr. R. L. Sweney; Quinine as a Prophylactic in Scarlet Fever, by Dr. C. H. Reed; and several reports of progress.

At the West Virginia Society meeting, the President's address was by Dr. J. W. McSherry. Dr. M. S. Hall has a well-written report on State Medicine. Puerperal Insanity is discussed by Dr. A. H. Kunst. Lister's Antiseptic Method is explained by Dr. W. H. Sharps. A partial report on Local Medical Botany is added by Dr. H. M. Gamble. A number of surgical cases are reported by Dr. John Frissel. Dr. J. C. Hupp illustrates the diagnostic weight of certain symptoms; and Insanity in West Virginia, is the theme of a paper by Dr. T. B. Camden.

The President's Address in the Ohio volume, is by Dr. L. L. Rowland. Dr. F. A. Bailey contributes articles on Fracture of the Radius and Ulna, and on Diphtheria; Dr. J. A. Richardson on Septicæmia and Inverted Uterus; Dr. D. B. Rice on the Duality of Typhoid and Typhus. Reports of committees, and the minutes of the proceedings, occupy the remainder of the volume.

Les Tumeurs Adenoides du Pharynx Nasal, leur Influence sur l'Audition, la Respiration et la Phonation, leur Traitement. Par le Dr. B. Lœwenberg. Paris, Delahaye et cie, 1879. pp. 78.

The author has had the opportunity to make a study of a considerable number of cases of polypoid, adenoid and similar benign growths of the post-nasal regions, and discovered that they led to quite a variety of disorders of speech, hearing and breathing, which are not attributed to them in the current text books, and hence are likely to be misunderstood and erroneously treated. He, therefore, very properly collected his observations, and now publishes them in the form of a monograph.

The careful examination of the literature of the subject which he has made enables him to present it both historically, and from original investigations. A number of cases are detailed, and his plan of treatment fully set forth. A peculiarly-shaped cutting forceps which he employs to detach the growths is figured in the book, and could readily be reproduced. The monograph is in all respects a very satisfactory one.

Transactions of the Medical Society of the State of Pennsylvania, May, 1878. pp. 511.

About one-third of the counties in the State are represented by reports to the State Society in this volume. Several are absent which have hitherto quite regularly appeared. Those which appear occupy about 150 pages of the 500, and over, contained in the volume, and of this 150 the two cities of Philadelphia and Pittsburg come in for nearly 50 pages. This, we fear, indicates that the "country members" need stirring up to the duties of maintaining more active relations to the State Society.

There are, however, an unusually valuable series of essays and reports in the volume, of which, it will be remembered, we took notes in our report of the Transactions last May. They give the book a permanent standing which will make it prized by all readers.

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THE NEW YEAR AND ITS DUTIES.

With this opening number of the new year we convey to our readers the good wishes which an honored custom suggests at the season. The probabilities are that it will be a year of large importance in the development of that highest branch of our science, preventive medicine. The terrible penalty which a wide portion of our country has suffered, from a lack of united and general effort to guard against preventable disease, will certainly not go unheeded.

As it is a traditional and excellent custom to commence the year with a series of good resolutions, let the professional men of this land commence 1879 with the determination that, singly and collectively, they will do their utmost to establish in every State a Board of Health, and place it in competent hands, with money enough to carry out its plans; and that they will also unite in insisting on a national body of a like character. This we note as one of the *agenda* for 1879.

Another one should be an increased unification of the efforts and interests of the profession itself. In such a wide country as ours it is impossible for geographically distant members of the profession to hold frequent personal intercourse. But it is very possible, and much to be desired, that through county, State and national organizations the sense of belonging to one and the same profession, to one free guild, as it were, be fostered and expanded. Only in this way can the influence of the profession, vast as it is in the aggregate, be sufficiently concentrated to bring about correspondingly great results.

Yet another subject of general and public interest, which cannot be accomplished too soon, is the enactment by every State in the Union of a "medical law" which will protect the people against the raids of quacks, and the profession against the degradation in public estimation it suffers by the presumption of unscrupulous fellows of the baser sort assuming the title of Doctor of Medicine. A few States have such laws, but we regret to say that in most either the words of the acts are so loose that they fail of being efficient instruments for the purpose designed; or else, as is certainly the case in two States we can name, the persons empowered to carry out their provisions are weak and partial. It were highly desirable that a nearly uniform bill be drawn and introduced into the legislatures of all the States.

In addition to these public matters which demand the attention of all, we would urge upon our readers two other subjects which cannot but be regarded as duties of the professional man.

One of these is, that he should *read*. We do not say read this book or that one, take this journal or that one. Let him take whatever journal is best suited to his wants and tastes, and buy such books as he thinks will supply most accurately the deficiencies of his knowledge. But let him not fall into that frequent and deplorable indolence which so often besets middle aged and elderly men, of given up his scientific reading and contenting himself with the newspaper and the novel. As surely as he does so he will retrograde,

mentally and medically. The money laid out in books of sound learning is not lost and not spent; it is invested at a rate of interest which is higher than the highest obtainable at usury. A physician of this State who had studied German in his youth told us once, that during twenty years of practice he estimated that his knowledge of that tongue had availed him in money, annually, as much as the legal interest on ten thousand dollars. So it always is with knowledge. It is ever in demand. As the Persian proverb says, "A dressed stone is not left by the roadside."

The second duty we hold to be the imparting of knowledge to others. It is the eminent and peculiar characteristic of the profession of medicine that it sanctions no trade secrets; it endorses no private means of distancing competitors. It denies that what a man has gained is his own. With a sublime assumption based on a magnificent charity, it calmly claims for the good of the whole whatever new knowledge, whatever ripe fruit of toilsome experience, the individual has won. He should obey that mandate and respect that divine arrogance of the calling he has chosen, and as opportunity offers, to his neighbor, to the societies of which he is a member, and to the civilized world through the medical press, he should disclose his secrets and distribute his wealth, or what he takes for such. They will be weighed and measured in a balance that never mistakes, and he will have his reward in exact proportion to his merits.

Notes and Comments.

Is it Safe to Puncture in Hepatic Abscess?

This question has been debated in a lively manner among physicians in this country during the last year, as we lately noted (see Reporter, Nov. 30, 1378). An important contribution to the subject is contained in the *Lancet*, November 16th, from Surgeon Major M. C. Turnell, senior physician of the General Hospital, Madras, and of course, of very wide experience in this disease. He gives a number of cases, and his opinion of the operation is thus expressed in an opening paragraph:—

"In the following histories it will, I think, be seen that, even when none but the most ordinary precautions which any careful surgeon would take in opening an abscess in such an important region are adopted, the great bugbear—'entrance of air'—does not, as asserted by Surgeon-Major Lowe, and so feared by Dr. Budd, 'invariably' take place; and the remaining cases show that if antiseptic precautions are taken, and, above all, any attempt at squeezing the abscess avoided, the simple incision by scalpel, followed by puncture with a trocar, is preferable to the forcible extraction of pus by an aspirator; and that keeping the wound open by a piece of carbolized lint is immeasurably superior to allowing the canula to remain in, as recommended by Dr. Murchison, and so frequently practiced by the older surgeons."

Thymol and its Uses.

As an antiseptic, thymol is much more powerful than either phenol or cresol (carbolic acid). Ranke uses a solution of one part thymol to one thousand parts water, instead of the carbolic solution of Lister. Dr. B. Kussner, of Halle, has tried it internally. In doses of three to five drops of a one per cent. solution he found it useful in the diarrhœa of children. An inhalation of one part to one thousand of water reduced the fever and expectoration in a phthisical case.

Animals poisoned with thymol sink into a profound coma. After death their blood is dark and fluid. Fatty degeneration of internal organs is, however, not found. Injected into the veins it lowers the temperature and induces stupor.

Sanitation on Shipboard.

In a very well written and cogently argued paper, entitled "Air and Moisture on Shipboard, a Fragment of Applied Physiology," Dr. Th. J. Turner, Medical Inspector, U. S. N., attacks the insensate and excessive watering and washing of the decks of our men-of-war. He summons numerous authorities to show that such a practice is useless for cleanliness, and harmful to health. He writes:—

If this routine washing, holystoning, wiping, clamping, scrubbing, etc., is meant for cleanliness, an obvious inference therefrom would disrate the Augean stables from their billets as the pre-eminent examples of filth, and our vessels would be promoted to that unenvied rating.

If it is not meant for cleanliness, then, in the light of modern scientific research, it is the ruthless and barbarous wielding of a potent disease-producing weapon against the lives of the unoffending and powerless.

I trust to see the day when a holystone will be looked upon as a curiosity, and its temple, the sand-locker, vanish from off the face of the

deep. Then, with improved sanitary surroundings will come an efficiency, from better health, and arising from these a discipline more consonant with enlightenment, than the semi-civilized code that now obtains.

The Air of Stables.

Among the absurd popular notions is that to the effect that the air of stables has some peculiarly salubrious properties. Probably this widespread notion arose from the recommendation of Dr. Read, more than a century ago (1767), to consumptives, to go and live in cow stables. Generally speaking the atmosphere of a stable is as unhealthy as it is disagreeable to refined olfactories. The less there is of ammoniacal odor, and of the smell of urine, fæces and rotting litter, the more healthy are both the animals and their attendants. The best conducted stables are kept clean, and often sprinkled and washed with powerful disinfectants, and the animals they contain are much less liable to disease.

Monobromide of Camphor as an Antidote to Strychnia.

Professor Chirone, of Naples, has lately reviewed the uses of the monobromide of camphor. As a hypnotic he would not recommend it. In ovarian neuralgia and sexual erethism it is very satisfactory. But its most valuable use may prove to be its antidotal effect in strychnine poisoning, if we can believe Dr. Valentin Vino, who claims to have experimented with it on seventy-two dogs, and always succeeded in restoring them, even after violent convulsions had set in. It is fair to add that Professor Chirone does not vouch for this statement.

Westphal's Diagnostic Point in Locomotor Ataxia.

Professor Westphal about a year ago asserted that he had discovered a pathognomonic sign of sclerosis of the posterior columns. It is a very simple one. When in health, sitting with one knee across the other and the foot of the uppermost leg freely suspended, it is well known that a smart tap with a narrow instrument, such as a ruler, delivered on the tendon of the quadriceps, just below the patella, will cause the foot and lower leg to spring up with a jerk. Well, Dr. Westphal maintained that this jerk does not occur in posterior sclerosis, and that its absence is a sure sign of the presence of that formidable disease.

His conclusions were attacked by several observers at the last meeting of the British Medical Association; and it seems pretty clear that his statement requires modification. No doubt the absence of this involuntary act is a significant sign of some important organic change. A new study of it has been made by Dr. S. Tschirjew in the *Archiv für Psychiatrie*, and with great accuracy. The clinical result he reaches is that the absence of the reflex motion in man points to degeneration of the posterior spinal roots and columns at the level of the third and fourth roots of the crural plexus; but that in degeneration of the columns which does not reach so low as this the reflex phenomenon may appear. This very interesting result vindicates the symptom as of great importance.

Tayuya in Scrofulosis.

The tincture of tayuya, our readers will probably remember (see the REPORTER, February 26th, 1876), was introduced about three years ago as a remedy in syphilis, and appears to have been well received, not only because it has some actual efficiency, but because it possesses the merit of having no smell and a rather pleasant flavor. Within a few months, Dr. Alpagonovello, an Italian physician, has reported a number of cases of scrofula with swollen or ulcerating glands, which recovered promptly under the administration of ten-drop doses several times a day. His paper is in the *Giornale di Scienze Mediche*, No. XXIX, 1878.

Salicylic Acid Eruption.

Among other unpleasant consequences of the use of salicylic acid in some constitutions, is an eruption of an urticarial character. Dr. F. Freudenberg describes a case in the *Berliner Med. Wochenschrift* (No. 42, 1878), where the whole back of the patient was covered with ecchymotic patches, which extended to the sides and chest. The acid was discontinued, and the eruption slowly disappeared, and was quite gone by the sixth day. The acid was then resumed, and again the eruption broke out, so that the medicine had to be definitively renounced. The patient was anæmic, which may explain the hemorrhagic appearance of the spots.

Non-Oxydizable Iron.

Prof. Barff has recently invented an iron that will not rust, if it is coated, externally, with magnetic or black oxide. It is suggested that it will have many sanitary applications. For water-pipes the black iron will be invaluable, and also for water cisterns. For cooking it is quite equal to copper, and does not lead to the occasional danger of copper poisoning, which arises when copper

utensils are employed. For making pickles it will be necessary, as it is the custom in large factories, to use vessels of platinum, the cost of which is enormous. Professor Barff's invention, however, will do away with this expensive necessity. Iron vessels of all kinds can be coated with magnetic oxide by this process.

Human Parasites Derived from Eating Fish.

Recent investigations indicate that the great kidney worm (*Strongylus gigas*) lives in fishes in the young state, and the observations of Dr. Bertolus almost furnish proof that people contract the Swiss or broad tapeworm (*Bothriocephalus latus*) by feasting on imperfectly cooked trout. Indeed, all full-grown fishes sold in the shops as food are liable to contain entozoa; but, with the exception abovementioned, none contain parasites injurious to man.

Correspondence.

Treatment of Diphtheria.

Ed. Med. and Surg. Reporter:—

This disease has become as great a dread as smallpox. He who will make known a reliable remedy will be as immortal as Jenner. Scarcely a day passes but that some periodical publishes a sure cure. An Italian writer loses but one case in fifty-eight, by the use of phenic acid. A contributor to the Reporter says that liquor potassa answers the purpose, by destroying the exudation. Another uses sulphur as a parasiticide. Then comes the petroleum treatment. All these are in addition to the orthodox remedies. In the face of all these there are epidemics whose fatality is appalling.

My experience teaches this to be a zymotic disease, affecting the whole system. The treatment usually adopted is no better than no treatment. I have known families to pass through a severe form of this disease, without the attendance of any physician, as well as their neighbors who had professional aid. During the summer I was called to a family where several of the children were suffering from this complaint. The medicine left was found not taken on my return. They all recovered. These facts suggest the thought that perhaps we sometimes do harm in our efforts to cure.

Previous to the past year the treatment I pursued was that of our modern text books, with a success as good as my neighbor's, which was far from satisfactory. In the Reporter of October 20th, 1877, page 310, appeared an article on this subject by Dr. Drysdale. The treatment he recommended was this: After moving the bowels with an appropriate cathartic, give a saturated solution of the chlorate of potassa, one tablespoonful every hour. Alimentation, of course. No gargling nor swabbing. Since then I have used this exclusively, adding quinine, iron and stimulants when demanded. My cases numbered seventeen. One of these had been sick a week, and was dying when first seen. This really makes sixteen the number. All recovered save one, an infant of fifteen months. The type of the disease was not mild, judging from the experience of my cotemporaries.

My confidence in men and medicines is limited, yet in this treatment I have positive faith. It has won me fame and families. The membrane extended into the larynx in two of my cases. The croup was alarming. Both recovered. There seemed to be no hope for the last one, a bright girl of fourteen summers. Here I used, as a last resort, the slacking lime remedy of the books. Her father, a man of intelligence, devised an apparatus, consisting of a coffee pot with a long tube made of the tops of seed onions. The lime in the pot, the water applied, the lid closed, the steam and lime particles were forced in a column direct to the throat, without danger of scalding. Relief followed each application promptly. The girl pleaded for its use. In twelve hours it began to melt, and was finally all expectorated as a creamy substance.

J. J. Brown, M.D.

Mifflinsville, Pa.

Croup and Diphtheria.

Ed. Med. and Surg. Reporter:—

In the December 7th number of your excellent journal is an article written by J. P. Farnsworth, M.D., of Clinton, Iowa, on these diseases. It is a very singular production, and is justly open to criticism. He fails to give us any sound pathological clew by which to arrive at a clear diagnosis. The symptoms must be very marked indeed, and the pathological appearance of the mucous membranes which receive the impress of these diseases must present very dissimilar shades, to enable any physician to instantly decide just which disease is present. In fact, the Doctor is willing to acknowledge that a similarity does exist; he says, "In diphtheria the membrane sometimes forms in the trachea, and the patient dies of suffocation; in croup this is always the manner of death." This admission virtually destroys the force of his arguments

Both diseases are membranous, and while the membrane of croup generally confines its formation to the trachea, yet it may and often does commence in the fauces, and travel down to the glottis, and through it down the trachea, extending to the minutest ramifications of the bronchial tubes. The same with diphtheria; it may commence in the trachea, and travel up, until it manifests itself over the whole mouth and nose, and being a plastic exudation, thrown out from a diseased membrane beneath it, it frequently spreads itself over the glottis, thus causing death by suffocation. Every intelligent physician knows this to be true, either from practical experience or from the writings obtained from the best minds of the profession. It is just this fact that has caused so much doubt and confusion relative to these diseases, and the Doctor would have conferred an inestimable boon upon physicians and patients, had he, by sound pathological reasoning, clearly demonstrated this important problem.

Diseases of the throat which assume a serious type have been rendered difficult of diagnosis,

from the hair-splitting distinctions made, which, in reality, will not admit of any difference. Happily, all diseases showing a membranous character are amenable to the same line of treatment, and the physician who will be guided by common sense and well known pathological laws cannot go far astray.

In the case given us by the Doctor, why did he not perform tracheotomy, and thus give the child one of the main, in fact, the only chance for its life? He tells us that "there was no fever, no enlargement of the glands, no soreness, or even inflamed appearance of the throat," and withal seven years of age. This certainly was a case where tracheotomy was advisable, performed when the first sign of an excess of carbon in the blood was manifest. Statistics warrant the operation, and he had everything to make by performing it, while he had nothing to lose. Let the doctor try tracheotomy in his next fifty cases, and I am of the opinion that the results will give a showing that will be far different from the one he reports.

Peoria, Ill. R. G. Allen, M.D.

The Use of Tobacco.

Ed. Med and Surg. Reporter:—

I notice in your editorial of December 7th, 1878, a statement of the enormous amount of tobacco used in this and other countries, followed by general remarks as to its "results," etc.

It is a subject I have investigated closely, in this country and abroad; and am satisfied that "the half" of the injurious effects of tobacco, direct and indirect, has not yet been told, even by those opposed to its use; the physical depression, intellectual weakness and moral depravity it produces calling for and leading to nearly all other vices, and especially to intoxicating drinks. For, as to the last, I am confident that a vast majority of the drunkenness of this and other countries is the result, direct and indirect, of the physical, intellectual and moral degradation caused by tobacco, commenced in most cases years before the liquor. And this, doubtless, accounts, in the main, for the comparative failures of all temperance movements, thus far, the cause remaining comparatively untouched and operative. Many nominal temperance men, and I am ashamed to be compelled to admit, too many of them professional men, lawyers, physicians, and even clergymen, defiling the very air with their tobacco-poisoned breath, while lecturing on temperance.

God forbid! And I protest, in the name of decency and humanity, that no temperance lecturer, professional or other, should thus defile the air for decent cleanly people to breathe. And, further, from what I have witnessed of the injurious effects of tobacco chewing, snuffing, and smoking, I also protest against the propriety, or even the right, of professional men or teachers to use tobacco, on the ground of its filthiness, the bad example, and its disqualifying effects. Children do not want the poison from the breath or clothes of a teacher. The young lady or gentleman seeking spiritual advice or direction, should not be thus driven from the clergyman's study; the client from the lawyer's office, or the patient from the physician's. Those who use it themselves might not object. But many, and especially ladies and the young, do not use it, and, therefore, have rights in this matter that should not be thus trifled with.

Let these inexcusable nuisances be abated, and there may be some little hope that when the present generation of vile tobacco-worms in the "human form divine" shall have passed beyond the reach of thus contaminating, the physical, intellectual and moral powers of mankind may be allowed to assume their true dignity. And the masses, thus rid of such influences, will, it may be hoped, and reasonably expected, by leaving tobacco alone, find no inducement or even inclination, for the use of intoxicating drinks, or the practice of other kindred vices they now produce.

E. R. Maxson, A.M., M.D., LL.D.

Syracuse, N. Y., Dec. 18th, 1878.

News and Miscellany.

Didactic Lectures on Dermatology at the University of Pennsylvania.

The University has recently taken a new departure in the teaching of dermatology. Professor Duhring is now delivering a course of didactic lectures on skin diseases to the advanced students. Although as yet no examinations are held in this branch, and the time (four to five on Saturday afternoons) is one which the average student is, or used to be, prone to take for recreation, yet these lectures are very well attended. The earlier lectures have been occupied by the consideration of the subjects of anatomy, general symptomatology, etiology, pathology, diagnosis, treatment, prognosis and classification. The remainder of the course will be devoted to the consideration of the specific diseases.

The exquisite wax models of diseases of the skin deposited in the University Museum by Dr. George B. Wood, as well as the large private collection of plates, water colors, photographs, etc., belonging to Professor Duhring, are employed in illustration, and the students of the University are to be congratulated on the opportunity now offered them of acquiring a knowledge of this practical branch of medicine.

The Anthropological Section of the Paris Exhibition.

This was organized under the charge of Prof. Broca, and was very instructive. There were no fewer than twenty-eight human skeletons, complete in all parts, exhibited; among these, five were those of Tasmanians, or the ancient inhabitants of Van Diemen's Land, whom the English have the credit of having exterminated from off the face of the globe; the five men whose skeletons were here exhibited being, according to a French writer on the subject, the only individuals who left the island alive.

The form and color of the hair constitute a character of some importance in anthropology, and Dr. Topinard made this part of the human body, together with the head, his special study. A very good collection of the hair of the different races, from the woolly and crisped hair of the Papous to the straight hair of the Chinese, was exhibited. The latter is well known to coiffeurs, as great

quantities are brought into requisition for ladies' head-dresses, the hair being dyed to suit their complexion or taste.

The skeleton of a giant attracted great attention. It was that of a Spaniard, who, although aged only about twenty-four, stood two meters forty-five centimeters, or about seven feet six inches and a half, and, as in all giants, the head was remarkably small in proportion to the size of the body.

The sight of monkeys' skeletons and those of man, which were arranged side by side, excited the indignation of some fastidious people, and some religious journals condemned the arrangement as being immoral and an insult to humanity. Then those who had the arrangement of this part of the Exhibition must have insulted themselves; but those who object to seeing man placed alongside of monkeys, as if to remind us of our origin, ought to remember that it is just by comparing one with the other that man stands out in bold relief, and notwithstanding some points of resemblance, there are other predominant characters, even purely anatomical, which place man immeasurably above the monkey tribe.

Organization of the German Medical Staff.

This is as follows: In the first place, to every mobilized German army corps there are attached three "sanitary detachments," each consisting of seven surgeons, one apothecary, sixteen hospital assistants, and a sick-bearer company provided with thirty stretchers, three carts, and six wagons fitted for the transport of severely wounded men. One of these three detachments is placed at the disposal of each of the two divisions of the army corps, and one is attached to the headquarters of the army corps, each detachment again being divisible into two independent sections, one of which may be detached for duty with each brigade of the division to which the sanitary detachment is told off. Each mobile army corps is also accompanied by twelve field hospitals, which during an action are established immediately in rear of the troops engaged, and each of which affords accommodation for two hundred wounded. These are brought in the first instance by the sanitary detachments from the field of battle to the field hospitals, and there remain and are tended until the arrival of the reserve hospitals, which are also attached to every mobile army corps. When the latter come up and take over the sick and wounded, the field hospitals at once move on again and rejoin their army corps, while arrangements are made for sending the wounded from the reserve hospitals of the corps to the seat of operations or to permanent hospitals in the interior of their own country.

A Curious Twin Monster.

One of the sights at Paris this summer has been the curious monstrosity, Baptiste and Jacques Tocci. They were born October 4th, 1877, in Northern Italy. They are now strong children for their age, though neither have teeth. There are two heads, two necks, and two upper trunks absolutely distinct, so that in front and rear they seem like two individuals. About a line starting from the insertion of the diaphragm the single character commences, and in front it looks as if it were one individual, though behind there are indications of two dorsa. The anus is unique, and some of the observations in connection with it are singular, for, according to the evidence of the father, defecation takes place in each individual separately, noticed by the efforts of expulsion made by one of the upper heads without disturbing the other, so that there would seem to be two digestive tubes opening into a single rectum.

Dr. Mosso found that the heart of Baptiste beat at the rate of 152 a minute; that of Jacques 154. The most interesting part in connection with them are the nervous functions. The cerebral and spinal centres are distinct, and there are three hypotheses as to the distribution of nervous power in the lower extremities.

A reporter indulges in this speculation:—

"If they reach puberty, as they only have one genetic organ, how will it supply the wants of a double intelligence?" The twins have escaped the perils of the first twelve months of infant life, and may probably live to puberty, for, according to the historian Buchanan, a somewhat similar creation lived to the age of twenty-eight years at the court of James IV.

The Metrical System in Great Britain.

It is a curious fact that the metrical system, which has been permissive in Great Britain, ceased to be so on the 1st of January, 1879, when the new Act relating to weights and measures went into force, after which date it is lawful to buy and sell only by imperial measures, among which those of the metrical system are not included. This seems a step backward.

Items.

—At Norwich, Conn., last week, two little children played at making ice cream with snow and milk, and flavored it with aconite instead of vanilla. The doctor gave them an antidote and ordered brandy, but under the no-license law the druggists dared not sell any liquor for any purpose. The spirit was finally procured and the children's lives saved.

—Scarlet fever has appeared in the city almost as an epidemic. For the week ending Nov. 30th there were 100 cases reported. Since then the number each week has steadily increased, until now it has reached about 200 cases a week. The doctors are kept very busy. About three-fourths of the children attacked are saved.

—News has been received that Dr. Skinner, Post Surgeon at Fort Peck, was hit on the head and mortally wounded while witnessing the killing of cattle for the Indians.

Obituary Notes.

—Dr. W. H. Farner, of Loraine, Ills., died December 14th, at the age of 65 years. When a young man, Dr. Farner went to Keokuk, and was for a time engaged in the government survey. Before the commencement of the rebellion, however, he went south, and took up his residence in

Texas; subsequently becoming a surgeon in the southern army. After the death of his mother he returned to Loraine, practicing medicine there and meeting with some success.

—Dr. Charles W. E. Rauschenberg, of Atlanta, died November 7th, 1878, in his 56th year. He was a native of Germany, and a frequent contributor to medical literature, principally through the pages of the Atlanta *Medical and Surgical Journal*.

—Alexander Marselis Vedder, M.D., a well-known physician of Schenectady, and ex-Mayor of that city, died December 20th. Dr. Vedder studied medicine, and received his diploma from the University of Pennsylvania in 1839. He served a short time as resident physician in Blockley Hospital, and then began to practice in his native city. He was the first American physician to publish an article on Bright's disease, and became noted as an authority in diseases of the chest. In 1840 he was appointed lecturer on Anatomy and Physiology in Union College; shortly afterward professor. This position he filled for nearly twenty years. In 1856 he was elected Mayor of Schenectady.

—Dr. Julius Millingen, who was a successful archæologist and discoverer, and the physician who attended Lord Byron in his last illness, has just died at Constantinople. He was once in the service of the Sultan Mahmoud II, and became physician to the Sultana, mother of Abdul Mejid.

—Dr. George A. Riecker, a graduate of Jefferson College, Philadelphia, and some time surgeon to the Panama Railroad Company, died in Panama on the 4th ult., of congestion of the liver.

—Dr. Joshua Y. Jones, who was a member of the State Senate many years ago, and who was also Lazaretto Physician once, died at his residence in Upper Dublin township, Montgomery county, on Christmas Day.

QUERIES AND REPLIES.

A correspondent asks whether it has been observed that the drinking of hot or cold fluids when, or after, taking calomel, before it operates off, really has a tendency to produce salivation.

Dr. W., Kansas.—The horse-hair snake is a frequent and harmless inhabitant of stagnant pools. You do not say, and we do not understand, the cause of the alarm it created in the family.

Dr. Eldridge, of Ill.—We shall, at an early date, give in the REPORTER a résumé of the recent important discoveries on hog cholera and black quarter in cattle. All physicians, as you justly say, should be interested in them.

MARRIAGES.

ELKINS—MUZZEY.—In Laconia, N. H., Nov. 26th, by Rev. L. Malvern, Dr. Daniel Elkins, of Lake Village, N. H., and Eva H. Muzzey, of Laconia.

FINLEY—MURRAY.—On the 23d of December, 1878, at St. Mary's Church, West Philadelphia, by the Rev. Dallas Tucker, assisted by Rev. Dr. Yarnall, Dr. I. A. Finley, U. S. Army, and Mary Elizabeth Murray, of this city.

GALE—WRIGHT.—In Oneonta, N. Y., October 9th, at the home of the bride, by Rev. J. T. Wright, of the North New York Conference, Dr. William Gale, of Westfield, N. J., and Hattie E., daughter of the officiating clergyman.

HIMMELWRIGHT—TOLAND.—On the 11th inst., by Rev. James Hepburn Hargis, at the residence of the bride's father, in this city, Mary Toland and Francis E. Himmelwright, M.D.

HORTER—BLUMNER.—On the 6th inst., at Ardmore, Pa., by Rev. W. H. Steck, J. Weiss Horter, M.D., of Philadelphia, and Miss Jennette Mercier Blumner, of Ardmore.

MILLER—McGEE.—At the residence of the bride's parents, in Cross Plains, Ind., November 28th, 1878, by the Rev. —— Edwards, Dr. Reuben Miller and Miss Lizzie McGee.

MORGAN—LEE.—In Cambridge, Vt., Nov. 28th, at the residence of the bride's father, Dr. J. B. Morgan, by Rev. George S. Guernsey, George W. Lee, of Fletcher, and Jennie L. Morgan.

RANDOLPH — MAY.—On the 19th inst., at the Church of the Holy Communion, by the Rev. Dr. Lawrence, Arthur R. Randolph, of Eastcourt, Wiltshire, England, late Captain Fifteenth ("The King's") Hussars, and Edith Sybil, eldest daughter of Dr. J. Frederick May, of this city.

WALKER—GREER.—On November 6th, 1878, by Rev. A. H. Parker, Thomas P. Walker, M.D., of Dunbar, Fayette county, Pa., and Miss Mary M. Greer, near Milroy, Mifflin county, Pa.

WOOLLEY—WALSH.—On Thursday, Dec. 19th, by the Rev. S. D. Alexander, D.D., Dr. J. V. S. Woolley and Emma J. Walsh, daughter of the late Andrew B. Brinckerhoff, all of New York.

DEATHS.

COOKE.—In New York, on Tuesday, Dec. 17th, at his late residence, No. 29 West 25th street, Chauncey S. Cooke, M.D., in the 71st year of his age.

GAYLEY.—In Philadelphia, suddenly, on the 20th instant, Annie M., wife of Dr. James F. Gayley.

JONES.—At Three Tons, Montgomery Co., Pa., on December 25th, 1878, Joshua Y. Jones, M.D., aged seventy-two years.

KROUSE.—On Saturday, December 7th, at 6 A.M., of consumption, Dr. Julas Krouse, aged 30 years.

MILLS.—At Pittsfield, Mass., Dec. 17th, Charles D. Mills, M.D., aged 51, son of the late Drake Mills, Esq., of this city.

PAYTON.—At his residence, Church st., near Bergen avenue, Jersey City Heights, on Sabbath morning, Dr. Josiah Payton, aged 59 years and 6 months.

PREWITT.—At Grand Junction, Tenn., Oct, ——, Dr. N. H. Prewitt, in the 47th year of his age, of yellow fever. He was a highly esteemed member of the profession, and fell in the line of duty.

SCHELL.—Saturday morning, December 14th, at 6 o'clock, George, only son of Dr. F. H. and Minnie Schell, aged 7 months.

SILLIMAN.—On the evening of the 26th inst., Catharine Elizabeth, wife of Dr. R. Silliman, U. S. A.

TAYLOR.—In Wyoming, Jones county, Iowa, Nov. 14th, Mrs. Isadora M., wife of Dr. E. S. Taylor, and daughter of Wm. H. Allbee, of Springfield, Vt., aged 37 years and 6 months.

WARD.—Suddenly, at Albany, N. Y., Dec., 19th, Willard Erskine, aged 18 months, youngest child of Nina A. and Samuel B. Ward, M.D.

WILSON.—At his residence, in Billings, Christian County, Mo., on the 28th of November, of pleurisy, in the 58th year of his age, Singleton Cameron Wilson, M.D., youngest son of the late Rev. Joshua L. Wilson, D.D.

THE

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Communications.

THE PRINCIPLES AND PRACTICE OF MODERN LITHOTRITY, AND THE RECENT ISSUES BY WHICH THEY ARE IMPERILED.

BY REUBEN A. VANCE, M.D.,

Of Gallipolis, Ohio.

Read before the Tri-States Medical Society, at Springfield, Illinois, November 13th, 1878.

When a calculus remains for any time in the human bladder, that bladder becomes diseased. This is true even in those cases in which the stone is due to a nephritic calculus formed in the kidney and deposited in the bladder, after a journey from the pelvis of the kidney to the vesical cavity. The irritation due to its presence causes congestion of the walls of the bladder; hyperæmia of these tissues produces an augmented secretion of vesical mucus; and the normally acid urine has its reaction changed by the presence of an excessive quantity of alkaline mucus. The series of changes thus inaugurated are familiar, I doubt not, to all my auditors. The urine decomposes, ammonia develops, and to the mechanical irritation due to the presence of stone an equally potent cause of congestion is to be found in the chemical irritants which result from the changes induced in certain of the constituents of the urine. The surgeon knows that in addition to those measures necessary for the removal of the stone, others, looking to the control of the inflammatory action which it has excited, must be adopted. In many cases palliative measures only are admissible, for the changes induced in the vesical walls are too extensive to be entirely overcome. Thus, when congestion has been attended by the development in the walls of the bladder of those results of inflammatory action which become organized, not only are those structures thickened and altered, but the cavity of the bladder is diminished in size. On the other hand, when the course pursued by these pathological phenomena has been different, and prolonged retention of urine has been an element in the clinical history of the affection, atony, or even paralysis of the vesical walls, with dilatation of the cavity of the bladder, is to be expected. The extension of pathological phenomena along the ureters to the kidneys, or along the genital tract to the epididymes, explains why the kidneys and testes are implicated in cases in which the stone has remained in the bladder for a length of time. Congestion of the prostate and hypertrophy of the muscular tissues of the bladder are powerful agencies in producing enlargement of the former organ and the development of sacs in the walls of the latter. In addition to hypertrophy of the prostate and sacculation of the bladder, the extension of inflammatory action from the cystitis due to vesical calculi, and consequent development of disease in the ureters, vasa deferentia, epididymes, testes and kidneys, the constant irritation of the bladder by the stone may stimulate into active growth any latent tendency to carcinomatous degeneration. Tumors of the bladder, though rare, are, nevertheless, occasional complications of vesical

calculi which are indirectly due to the presence of the latter.

From the foregoing facts we learn why the surgeon is compelled to admit two elements into the problem which the removal of a vesical calculus presents to him—the one, the stone itself; the other, the state of the bladder. A certain amount of preliminary treatment, directed to improving the condition of the bladder, is necessary, it matters not what measure is adopted for removing the stone. This is not so vitally important in lithotomy, as in lithotrity, yet it is required in both operations. For the success of lithotrity the irritability of the bladder and urinary passages must be reduced to the minimum—this is one of the most important of the preliminary steps which the surgeon must take. Next, the general health of the patient must be improved to the maximum—this measure is likewise essential. In fact, in the case of a patient with stone, in whom it would be reasonably safe—so far as the other bodily organs, aside from the bladder, are concerned—to perform any capital operation, no surgeon can properly decide against giving him the relief lithotrity affords until both these indications have been met. It may be inquired why these steps should be taken. A moment's glance at the contra-indications of lithotrity will render apparent the answer. In general terms, stricture of the urethra, hypertrophy of the prostate, atony, or paralysis of the bladder, sacculation, or carcinomatous degeneration of the vesical walls, villous tumor of the *bas fond*, and renal disease, are the most serious obstacles to lithotrity. If to this list we add multiple calculi, and calculi too large or too hard to be crushed, we embrace all the special contra indications to this operation. Judicious measures can often increase the calibre of the urethra, reduce swelling of the prostate, and restore power to the contractile walls of the bladder. In a paper presented to the Ohio Valley Medical Association, in 1876, I summarized my views on these points in the following language:—

"If we revert to the essentials for lithotrity, it will be found that the crushing process is preferable in all cases where the stone will yield to the lithotrite, provided it is desirable to operate at all, and the urinary passages are large enough to admit the instrument with ease, and not so delicate but what it can remain in the bladder for a few moments at a time, and consider each one in detail, we will find, I think, that all the contra-indications to lithotrity can be arranged under one or other of these different heads.

"Is it desirable to operate at all? To this question a negative answer must be returned in many, very many, cases. Patients who suffer from advanced Bright's disease, aneurism of one or other of the great vessels, organic disease of the heart, and the like, are manifestly not subjects for lithotrity or any other capital operation. A microscopical examination of the urine should be made sufficiently often to convince the operator not only that he is not dealing with a case of incurable kidney disease, but that the patient before him is free from organic degeneration of the bladder; for experience shows that villous disease of that organ may, and not infrequently does, coexist with vesical calculus.

"The size of the urethra and the degree of irritability of the urinary passages are very important elements in the question of lithotrity or lithotomy. The smaller size and greater degree of irritability in the genito-urinary passages of a child renders the crushing operation less applicable than a resort to the knife. With advancing years this necessity for the employment of the knife grows less and less, until in many cases, in which the patients are still under puberty, the choice between the two operations will depend either solely, or to a very great extent, upon the ability of the surgeon to overcome vesical and urethral irritability to such a degree that the lithotrite can be tolerated in the bladder for a number of minutes in succession. It is sufficient, at present, to say that a judicious surgeon can overcome this hyperæsthetic state of the urinary mucous membrane in all cases where the passages are of a size to allow the entrance of a lithotrite, and it thus becomes evident that in the hands of such an operator the number of cases in which it will be possible to substitute the crushing for the cutting process will be much greater than in the hands of one who blindly follows the rule rather than strives to overcome contra-indications. The amount of obstruction afforded by a stricture of the urethra or an enlargement of the prostate gland, whether occurring alone or complicated by urinary fistulæ and chronic cystitis, can only be estimated in each individual case. Enlargement of the prostate can militate against crushing in those cases only in which the ob-

struction is great enough to interfere with the proper manipulation of the lithotrite. The chronic cystitis accompanying both stricture and prostatic hypertrophy, especially when attended by atony of the vesical walls, cannot be viewed as an evil in every sense of the word, for the fact that this condition of the walls of the bladder is accompanied by great tolerance on the part of the mucous membrane lining that organ—a degree of tolerance which makes that structure indisposed to take on inflammatory action when subjected to irritation arising from the presence of fragments of stone—prevents our including inflammation of the bladder among the conditions absolutely contra-indicating lithotrity.

"In cases where the general bodily health is such as to admit of an operation, and the state of the urinary organs favors lithotrity, a crushing operation may be rendered impracticable by the size or the composition of the stone. Thus, when the calculus is of oxalate of lime, and exceeds an inch in diameter, it may be mechanically impossible to crush it by any force that can be brought to bear upon it by the lithotrite. In a very large uric acid stone, or a stone composed in great part of phosphatic salts, although within the power of an instrument to crush, yet the number of sittings necessary, and the length of time during which the fragments would necessarily be in immediate contact with the lining membrane of the bladder, are circumstances which often induce the surgeon to resort to the knife, rather than to the lithotrite."

To recapitulate in few words: Vesical calculus occurs in men and women, in the adult and the infant, at one time complicating fatal disease, at another constituting the sole complaint under which the patient labors, and while the measures adopted for the relief of the patient must vary with the special circumstances of the individual case, yet no one should be subjected to lithotomy unless lithotrity is contra-indicated by one or other of the above named reasons. Good surgery and the dictates of humanity pronounce in favor of the painless and safe procedure by which the stone is crushed, and reserve for peculiar and exceptional cases the less tedious, and more brilliant operation by which the bladder is cut open and the stone removed at a single sitting, as in lithotomy.

The London *Lancet*, of March 16th, 1878, contains an account of the discussion at the Medico-Chirurgical Society of that city, which followed the reading of Sir Henry Thompson's paper presenting "An Analysis of Five Hundred Cases of Stone in the Male Adult." Sir James Paget stated that were he to recommence an active surgical practice he would begin with lithotomy, and reserve for lithotrity only those few cases in which the calculus could be got rid of in two or three sittings. Sir James further announced that he regarded lithotrity as hardly susceptible of additional improvement, and yet its results were often incomplete and unsatisfactory. Even Sir Henry Thompson seemed to sympathize with this feeling, and stated that in his last hundred cases he had been drawing the line more closely, and reverting to lithotomy in a larger proportion of cases. With such statements to guide him, it is not surprising that Dr. Van Buren concludes that "the general tone of the discussion was not very favorable to lithotrity," especially when Sir Henry Thompson, in his final summing up, plead for an extension of the line so as to include cases "where the stone might be crushed at three, or at most, four sittings," beyond which point "he should mostly prefer to cut."

No new objections to the operation are urged as grounds for these views. On the contrary, the strongest points made against lithotrity were on account of the cystitis "due to the injury done to the mucous membrane by sharp fragments of stone, and by continued instrumentation;" the atony liable to be developed by it in old people, with a continuation of vesical irritability and phosphatic deposits; and the liability to overlook minute fragments, and the consequent unsatisfactory results.

With this necessarily brief and imperfect outline of the principles upon which is based the modern practice of lithotrity, considered in connection with the utterances and conclusions of eminent surgeons whose views have just been reported, am I not right in announcing that the new issues thus raised are calculated to do injustice to, and even imperil, lithotrity, the great triumph of conservative surgery? Must the body of the profession, the world over, be bound by the conclusions to be derived from the practice of a few illustrious English surgeons? May not London specialists enjoy a practice which is not truly representative, and must the profession resign itself to the statement that lithotrity is only applicable to the comparatively limited class of cases in whic

the calculus can be crushed "at three, or at most, four sittings?"

A few words as to the latter point:

In the first place, notoriously bad cases—those occurring in wealthy men who can command every agency which will mitigate their sufferings, and postpone to the last moment the necessity for an operation—constitute a certain proportion of the practice which, after traveling far and near, and consulting surgeon after surgeon, finds its way to the eminent metropolitan specialist. These patients are able to command the services of a Thompson, or a Paget, of a Coulson, or a Cadge, and their wishes have untold influence in determining the kind of operation employed. It is among such men that the calculus is permitted to grow, until the suffering it causes becomes unbearable; then these patients naturally determine to be relieved by the least painful and least threatening of the two methods available for that purpose. Exclude such cases as these from among the patients with advanced bladder and kidney disease—in whom the stone is large, the urinary passages tender, and the system irritable and predisposed to febrile reaction whenever the genito-urinary organs are disturbed—upon whom eminent lithotritists have operated, and I venture to say that there would be a decided diminution in the death rate of patients in whom numerous sittings would have been necessary had not the cases resulted fatally!

In the next place, extensive degeneration of the kidneys is far more common in England than in this country, and vastly more frequent on the Atlantic seaboard of this continent than in the Mississippi Valley. Thus, even the local practice of London surgeons has an element which is adverse to the successful treatment of just that class of cases with stone which require numerous applications of the lithotrite for their relief.

Other factors, which I have not time to dwell upon now, enter into and complicate the problem, but the foregoing illustrations will show that the exceptions which can be taken to conclusions founded upon the analysis of a special class of cases are such as cast doubt upon the weight and cogency of any argument based on such analysis.

A justly distinguished New York Surgeon—Professor Wm. H. Van Buren, of the Bellevue Hospital Medical College—takes occasion to refer to this "new departure" in the operative surgery of the bladder foreshadowed by the paper of Thompson, and inaugurated by the discussion at the Medico-Chirurgical Society and in an article which he contributed to the *Medical Record* of September 28th, 1878, grants the validity of the objections made to the operation, but doubts the necessity of recurring to lithotomy as the only remedy, and asks: Cannot lithotrity be rendered less imperfect? To this question he answers that "there is reason to believe that a discovery has been made by an American surgeon which may take away from lithotrity its chiefest objection, and it may prove that, as an operation, it *is* susceptible of improvement." Dr. Van Buren thinks that the evidence adduced by Professor Bigelow, of Harvard, goes far toward the demonstration of "a tolerance by the bladder of protracted manipulation, which has not been hitherto recognized,"* and publishes the details of cases which go to show the truth of the principles announced by the Boston surgeon. I am disposed to accord great value to this plan of removing the calculus, and believe that Bigelow's system—complete granulation of the stone at one sitting, with measures to evacuate the *débris*, the patient meanwhile being under the influence of an anæsthetic—will be the means of saving from the knife another section of the class of calculous patients now generally abandoned to the lithotomist, although in doubt, I must confess, as to the novelty of some of Dr. Bigelow's propositions. Nothing but the imperfection of the original apparatus prevented the first operation, performed in the presence of the representatives of the French Academy of Medicine—the Barons Chaussier and Percy—from being a case of "Lithotrity by a Single Operation." In that case the operation was continued, at intervals, for forty minutes. Eleven days subsequently it was repeated; the third and last sitting was held at the end of an interval of ten days; twenty days after the first operation the man was free from stone.

Again, the Baron Heurteloup, on the 24th of July, 1829, operated on a patient, sixty-four years of age, at the house of Mr. White, a surgeon in London, and in fourteen minutes removed a stone fourteen lines in diameter. Nevertheless, Dr. Bigelow has done good service in calling attention to this property of the

Bigelow—"Lithotrity by a Single Operation." *American Journal of the Medical Sciences*, January, 1878.

bladder—for it seems that the inculcation of the salutary rule never to keep any instrument in the bladder longer than the conventional limit of from three to four minutes, has originated an idea that the bladder is exceptionally intolerant of instrumentation—and while I believe, as I have already stated, his method will save some patients from the alternative of the knife, I doubt if it can do much for that class in which, according to the rule announced in this paper, lithotrity is the measure to which they are entitled to look for relief.

Dismissing Professor Bigelow's plan as inapplicable in the vast majority of cases in which the stone should be crushed, let us review the steps calculated to render lithotrity a painless and successful operation.

In the first place, the capabilities of the operation must be made the subject of earnest study. To dwell on this point as its importance merits would be to inflict on you a voluminous disquisition.

Secondly, individual experience must be accumulated. This point, also, will be dismissed for the same reason. There is one important fact to be borne in mind in this connection, and that is, other things being equal, the death rate in lithotrity will diminish in direct proportion to the experience of the operator.

Thirdly, the preliminary treatment adopted materially modifies the fatality of the operation. Two of the most important indications the surgeon must meet have already been recited. They are:

(*a*.) To improve to the utmost the patient's general health; and

(*b*.) To reduce the co-existing inflammation of the genito-urinary tract.

A third measure of equal moment is—

(*c*) To determine accurately the patient's temperature, and to discover and record any variations from the normal standard.

The lithotritist should have the temperature of his patient taken every six hours, or oftener. It is not enough that the family be supplied with an axillary thermometer, and that the unskilled efforts of inexperienced persons be recorded for the surgeon's information. I consider this measure of vital importance, and in insisting that a proper instrument be procured, and its application confided to professional hands, I am consulting the surgeon's interest almost as much as the patient's. Keep a registered thermometer by the patient's bedside—preferably one that possesses an index which records the elevation reached by the mercury—and at regular intervals have the bulb passed into the patient's rectum, and kept there from five to ten minutes at a time. If the surgeon visits his patient but twice a day, yet by using a self-recording thermometer he can have the temperature taken with mathematical accuracy four times in every twenty-four hours. Thus, let him take the temperature himself at his morning visit, and after noting its height, return the index to its position, so that at the next appointed hour the patient can insert the thermometer without assistance. The latter need do nothing more than return the instrument to its case after removing it from the bowel—the index will remain at the point where the heat of the body has raised it until the surgeon's evening visit, when he can note its degree, return the index to a point below the standard of health, and take the patient's temperature for the evening. The latter recorded, the instrument once more arranged for use as at noon, is confided to safe hands, in order that the temperature may be taken at midnight. It very frequently happens that these temperature observations reveal a daily elevation beyond the bounds of health—an exacerbation that diminishes, and may even disappear with the adoption of measures designed to prepare the patient for the operation. In no event should the stone be crushed while the temperature curve deviates materially from a healthy standard!

Fourthly, the remedial measures which aid in subduing cystitis prior to crushing the stone may likewise prove of incalculable value in preventing the redevelopment in the bladder of inflammatory action, from the irritation caused by fragments of the calculus.

There is one drug which renders the lithotritist great and timely assistance: I refer to opium, preferably employed in the form of morphia, and administered hypodermically. By suspending the activity of the muscular walls, and diminishing the sensibility of the mucous lining of the bladder, this drug, in great degree, prevents the injury that otherwise would inevitably follow the violent contraction of the vesical tissues upon the sharp, angular fragments which result from the action of the lithotrite. What lithotritist whose experience has been at all extensive has not seen the wonderful change which a chill marking the onset of cystitis has initiated in a patient who, but a

few hours before, was doing so well? The torturing pain in perineum and bladder, the nervous anxiety and constant restlessness, but, above all, the sharp attacks of vesical spasm recurring every moment or two, in which blood and pus, mingled with urine, are forcibly expelled from the urethra, mark the imminence of the bladder's peril, and constitute a clinical picture not readily forgotten. The surgeon is seldom placed in a situation demanding greater promptitude and skill; but rarely are his efforts so potent for good or for evil. The bladder must be quieted, at all hazards. If a fragment has become impacted in the urethra it must be removed; and if, despite all efforts, the bladder cannot otherwise be brought under control, lithotomy must be performed, the fragments of stone removed, and the patient thus given a chance for his life. But the latter alternative need rarely be embraced, thanks to the efficacy of remedial agents, especially morphia, administered hypodermically. The instant any evidence of cystitis develops inject a large portion of morphia, the size of the dose being determined by the patient's susceptibility, as learned by absolute test during the preliminary treatment, and not judged of by conventional rules, and in the vast majority of cases the patient will be instantly relieved from pain, and the free perspiration then developed will mark the subsidence of all threatening symptoms.

Finally, the lithotritist can rely with confidence on the indications afforded by the thermometer relative to many important details pertaining to the operation.

Armed with a knowledge of the patient's susceptibility to the action of opium, and possessed of the temperature observations which show how nearly the latter's heat curve approximates that of health, the surgeon has data which not only enable him to recognize the first abnormal sign, but furnish him the means of counteracting or controlling it. The information thus obtained is a guide to the number, the duration and the frequency of the sittings. To the question, How are we to treat the cystitis which so frequently occurs after first crushings, and which is regarded by leading British lithotritists as "so serious a defect" in lithotrity? I will answer by saying that by the adoption of the measures advocated in this paper vesical inflammation can, in many cases, be prevented; in others, its severity will be mitigated; and in all instances its earliest approaches will be recognized, and its progress combated with all the resources at the surgeon's command!

REMARKS ON THE CAUSES OF CONCEALED POST-PARTUM HEMORRHAGE.

BY S. M. HAMILTON, M.D.,
Of Monmouth, Ill.

CASE 1.—Was called to attend Mrs. A., aged twenty-three, in her first confinement, at full term. There was nothing unusual, save that the pain, from the first, was very severe. The agony during the contractions was extreme, with but little rest between. The entire labor lasted about five hours, and at its conclusion there was no more than the ordinary amount of blood lost. The abdominal bandage was applied, as usual, over a well contracted uterus, and all seemed in excellent condition. In about thirty minutes the usual symptoms of concealed uterine hemorrhage came on—namely, ashy paleness of the face, sunken features, cold skin, no pulse at the wrist, and a symptom which is quite pathognomonic of this affection, a constant turning of the head from side to side upon the pillow.

On examination I found the uterus firmly contracted and no larger than before. In two or three minutes, however, the contraction gave way, the uterine tumor gradually disappeared from the grasp of the hand over the abdomen. As is the custom, I "turned out the clots," amounting to very little as to quantity, having given, in the meantime, ergot, ipecac, and brandy in pretty full doses. The uterus then contracted to its proper size and consistence, the pulse returned at the wrist, the capillary circulation was re-established, and all seemed well for the time. At intervals of about half an hour the symptoms returned, just as detailed above, two or three times, when they finally disappeared, and the patient made a rather slow but good recovery. In no instance did the uterine contraction disappear until the other symptoms were fully established, and in no instance was there more than one or one and a half ounces of blood lost.

CASE 2.—Attended Mrs. B., aged forty-six years, in her fifth confinement, on the 8th day of July. The labor was concluded in about two hours, and was in every way easy and natural. She made a good recovery, requiring no treatment whatever. On the sixth day of August, one month after the birth of her child, I was called in great haste, and found her in a complete state of collapse. Cold skin, flooded with perspiration. No

pulse at the wrist. Continual tossing of the head from side to side; eyes closed. Face ashy pale; lips white, and the patient in constant dread of impending death. Intellection not at all affected. The attack came on rapidly. She had been in her usual health, except that for the last three or four days she had some dyspeptic symptoms, one of which was distention and a feeling of uneasiness after eating, in the region of the stomach. She was thin of flesh, as was usual with her during lactation. Her child is a model of robust health. She had eaten nothing that day, and some efforts at vomiting produced nothing but a little colorless mucus. She has had no exhausting discharges of any kind. Bowels regular; urine normal in quantity and quality; uterus healthy.

She complains of a deadly sensation of *sinking* at the pit of the stomach, and constant whirling of the head (as she calls it).

Under the free use of brandy and stimulating frictions she rallied for a few hours, but relapsed into the same condition as profoundly as before. Recognizing, as no one could fail to recognize, the strong resemblance between this and the ordinary cases of so-called concealed uterine hemorrhage, I gave her pretty large doses of ipecac., which first stopped the vomiting, and afterward induced a nausea of a different character, apparently, for with it all the alarming symptoms subsided. There were relapses of more or less severity for seven or eight days, which the ipecac. never failed to control. After the subsidence of the first attack it was never again necessary to give the drug in such doses as to produce nausea and vomiting. In the meantime the patient was given tonics and suitable food, and about the eighth day she was discharged, and is in good health up to this time, a period of one year and three months.

These two cases will, of course, be recognized by every physician, as belonging to a type of disease very often met with in practice. They are introduced as the basis of a few remarks as to their pathology.

The universally received explanation of the condition present in Case No. 1 is, that the frightful train of symptoms is produced by loss of blood. But they are strikingly unlike those produced by hemorrhage from other causes and other localities. And who has not been struck by the surprising and unaccountable disproportion between the loss of blood and the effect produced upon the patient in very many of these cases? In all where I have had opportunity to observe them from the first, the failure of uterine contraction and the concealed hemorrhage followed the attack and did not precede it. Does it not follow, then, that the collapse of the uterus and the consequent hemorrhage is merely one of the manifestations of a diseased condition somewhere else? In Case No. 2 we have all the conditions usually present in post-partum hemorrhage, except the hemorrhage. The treatment in both cases was essentially the same, with a like result in each.

To "turn out the clots" may not always be a useless operation, but that it is based upon a false pathology, is very probable, at least.

No doubt these cases, or most of them, have their origin in some temporary derangement of the ganglionic system of nerves. And that there is present an atonic condition of the nerve fibre, which may be brought about by a great variety of causes. It is not confined by any means to females. Several perfectly well marked cases in males have fallen under my own observation.

Nausea and vomiting has always been considered, and it really is, in most cases of tedious labor, a favorable indication. Not because it produces relaxation of the parts undergoing dilatation (as some suppose), but because the act itself, a purely nervous one, indicates that the proper coördination between the nerve centre and the muscular fibre to be moved has been reëstablished.

The function of the great sympathetic system is probably not understood in its entirety by any one. That it has much to do with circulation, enervation, digestion and assimilation, is plain. That it presides over the contractility of the unstriped muscular fibre, wherever found, is pretty clearly demonstrated. It is fair to presume that serious disturbances to the organism would result from even a temporary loss of function in so important a part of the human anatomy. The collapse in cholera and cholera morbus can hardly be accounted for in any other way, and "concealed hemorrhage," so called, is but another manifestation of the same diseased condition. The action of ergot and ipecac is perfectly consistent with this view. They both act upon the unstriped muscular fibre by their reflex stimulating effect upon the great ganglionic nerve centres. The hemorrhage is not always an unimportant factor in these cases. It is always right to control it by all appliances at the disposal of the attending physician, but he who looks no further than the collapsed wall of the uterus for the real cause of the difficulty in this most serious ailment takes a very short-sighted and false view of the subject.

—The Commission appointed by the last Congress to report on the nature, causes and prevention of hog cholera have their report ready, and it will appear soon.

Hospital Reports.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE CITY OF NEW YORK.

CLINIC FOR DISEASES OF THE NERVOUS SYSTEM,

BY PROFESSOR WILLIAM A. HAMMOND.

Reported by Worthington Myers, A.M. M.D.

Cerebral Congestion.

(*Continued from Vol. xxxix, p. 537.*)

Gentlemen:—At last lecture I finished the symptoms of cerebral congestion. In the passive form they are not so dangerous. In the soporific form the symptoms are more intense. It may be said, in general terms, whatever may tend to augment the flow of blood to the head produces active congestion, but if retarded, the passive form. For instance, emotion, sorrow, intellectual effort, etc., increases the flow of blood to the head. Every time a person faints, every time he utters a sound, every time he tastes, the amount of blood to the brain is increased. Emotional disturbance of a sorrowful character tends to produce it. Some attribute it to heart disease, and but few to its real cause, congestion. When the Roman mothers heard of the death of their sons at the battle of Cannæ, the revulsion of feeling was so great that they were struck dead. Another cause is the excitement produced in giving evidence on the witness stand. People often make the remark, "if it is not so, may I be struck dead." When this occurs the masses suppose it was a visitation of providence. Stooping down, pulling on the boots, straining at stool, efforts in labor, all tend to produce it.

The passive form is induced by anything which prevents the return of blood to the brain. Tumors in the neck, tight collars, etc. Cases of cerebral congestion were quite frequent in the United States Army, owing to the regulation stock at one time worn. Hearty meals at night tend to produce it, by pressing upon the abdominal veins, which tends to impede the return of the blood.

The number of post-mortem examinations not very large. In the first place, the convolutions are flattened by serum effused, and instead of being rotund, are of a flattened form. The veins and arteries are enlarged and tortuous. Upon cutting into the substance of the brain, you will find the small red spots called the puncta vasculosæ. Now, when congested they are found in large numbers through the whole white substance, of a pinkish hue, and the tissue softened. And again, you will find what is very properly named the cribriform stage. The blood vessels of the brain not in contact with the brain substance, because, between it and the substance of the brain is a canal, and in that canal the vessel runs. Now, the advantage of this arrangement is, the brain can undergo a considerable amount of congestion without morbid phenomena. If it were not for this wise provision a man could not think; he would fall down in a stupor. Hence the advantage of this arrangement. Now, after death, these vessels shrink and leave holes, and when you see this it is the cribriform state, like a sieve, and you may know that the patient has suffered from cerebral congestion.

Now, as regards the pathological physiology, the excessive amount of brain work a patient undergoes increases the amount of blood to the brain. They lose their elasticity, as a worn-out India rubber ball, or a bundle of leather. With congestion, therefore, they lose their elasticity. The fact that they do not sleep at night is a symptom of congestion, viz., increase of flow of blood; a man who does not sleep at night is consuming his brain; he increases the amount of blood to the brain. The theory they act upon is that the amount of blood is not increased by pressure. The brain is enclosed in a skull, and does not admit of pressure. For instance, you stoop down and hold the head in a dependent position; the cerebro-spinal fluid rushes into the ventricle, you feel a sense of effusion and fullness in the head. The moment you rise up you feel lighter, because this pressure is removed. The dizziness is owing to the fact that the fluid rushes out, and if this is so, the blood can do the same thing. We have actual proof this is so. Several years ago I performed a number of experiments, and came to the conclusion that when a person did not sleep, the amount of blood to his brain was increased, and in order that he may sleep, the amount of blood must be lessened.

The following case came under my observation. A man, standing on the platform of a car, was suddenly thrown off, the vertex of the head striking the curb stone. He was taken up insensible, and remained under treatment six months. He was subject to epileptic convulsions. He had a cavity in his skull three inches wide and about six inches long. Greater portion of right parietal bone, part of frontal, occipital and temporal bones were involved. I observed that when he slept, the scalp over this fissure was depressed, when awake, something increased the pressure. Now nothing could do this except blood. This was increased and diminished. A work published previous to this, by Mr. Durham, shows that he bored holes in the skulls of animals, and found that when they slept the pressure was diminished, but increased when awake, clearly demonstrating the fact that this increase is caused by the pressure of the blood.

Subsequently Dr. Weir Mitchell, of Philadelphia, and myself invented an instrument, neither of us knowing that the other had anything of the kind, which shows the theory clearly. This instrument was unknown to either, but made simultaneously. For example, we trephine a dog; the rubber of the instrument merely touches the dura-mater lightly; upon increased pressure the fluid rises in the tube; when diminished, it falls; when he sleeps, the fluid falls; when awake, it rises in the tube; while the relation which the blood bears to the symptoms is arterial and does not pass a certain change, he is excited, viz., the stage of exaltation. He is passively exhilarated. A great many patients are in this state, *the excited*. Another element is brought to bear; he is then depressed. Symptoms of paralysis, numbness, the blood vessels so large and distended they press upon the

brain. In some you have stupor, apoplexy, rupture and cerebral hemorrhage developed.

The next point is in regard to the diagnosis. It may be confounded with a great many diseases, viz. with Bright's Disease. You may have stupor and pain in head from the presence of urea in the blood, but to establish the fact *you must have a full history of the case.* Examine all possible contingencies which may come under your observation. If, upon examination, you discover albumen, you will be safe in pronouncing the case as one of Bright's Disease. Again, it is sometimes confounded with embolism, which is due to the sudden plugging up of a blood vessel in the brain. In such cases do not be in a hurry to determine your diagnosis. Ascertain the full history of the case. In cases of embolism examine the heart; make inquiry if he has had rheumatism. In a large majority of cases, if congestion, the symptoms will gradually abate without much *detriment.* If embolism, we will have as a sequela paralysis of right side; if cerebral congestion, no particular side is chosen. There are some signs, however, which serve to form a correct conclusion in a great many cases. For example, in cerebral hemorrhage, conscience is lost, congestion is lost, stertorous in hemorrhage, not so in congestion. You can form no definite conclusion when the symptoms only last a short time. The prognosis is not always unfavorable. The patient must use his brain in a favorable condition, which he will, if he follows advice and treatment. In all cases you should recollect that the *first* important step in the treatment *is to reduce the amount of blood in his brain.*

Case 1.—Here is a case which is very interesting. You will meet with them quite often, as a rule, therefore you must study them attentively, so that you may not fail to recognize them as they arise. Now, you see this woman; she has a tremulous motion in her limbs; can scarcely control this. I will ask her to carry her hand to her face. Observe, if you please, how it trembles; passive, it remains quiet. This is an important fact. There is a disease in which the hand does not remain quiet in this way. I will ask her to walk; all the muscles tremble. She first observed this tremulous motion after the death of her child, some few years ago; caused from excessive emotion. She has paralysis of right side of face. She cannot close the right eye tightly. Cannot close them alternately. The tremor here preceded the paralysis, and this is also an important fact, as there is another disease in which the paralysis comes before the tremor. She has no dizziness, no pain in the head. Slight numbness in the right hand, with loss of sensibility. Observe when she walks how much weaker the right side is in comparison with the other. The tremor is also mainly confined to the right side.

Now this may be confounded with three different diseases, viz., multiple cerebral sclerosis, which if it were the case, the tremor would be developed whether she moved her hand or not, or without voluntary motion of any kind. In spinal sclerosis, no tremor. There is, however, another form, multiple cerebral spinal sclerosis, and this is the form which she has. If the disease commences in the spinal cord, the tremor precedes the paralysis; if it takes its origin in the brain, *vice versa.*

Sclerosis means hardening; the brain becomes hardened, multiple, or decemminated; there are nodules of hardened tissue. To give you a familiar illustration, make a brain of putty, and place therein, at intervals, small round substances, marbles, for example; these nodules or spaces give me a fair representation of decimated sclerosis. It here, then, exists as decimated sclerosis; the paralysis came before the tremor. She has had sclerosis beginning in the brain and descending to her spinal cord. In this form, owing to a slow chronic condition, the connective tissue, the neuroma disappears and becomes hard. If you cut through this you find the true brain elements are gone, the result of chronic inflammation.

We pass now to the treatment: and these are difficult cases, as you will discover. In the majority of cases nothing more can be done than to palliate. Where a syphilitic element can be discovered, large doses of potass. iodide will be found beneficial. This is not the case here, therefore, this drug would be useless. Here the disease was produced by violent emotion. What then can be the pathological link. The emotion remained and caused this chronic element. In such cases I have derived great benefit from the chloride of barium, in grain doses, three times daily; she should use this for a long time, and under this influence she may get better.

The actual cautery is productive of good effects. There is good reason to hope that if it were used and repeated every two or three weeks, it might produce a good result. The morbid process in her case is situated in the ganglia at the base of the brain, the pons varolii the starting point.

We will, therefore, place her upon the chloride of barium, one grain three times daily, and touch the nucha with the actual cautery, leaving it on about the fifth part of a second. It must be repeated in two weeks, at which time we will see what progress she has made.

LONG ISLAND COLLEGE HOSPITAL, BROOKLYN.

Reported for the Medical and Surgical Reporter, by Winfred Wylie, M.D., House Physician.

Acute Nephritis.

Oct. 25th, 1878. Johannah Heart, aged 29; nativity, Ireland. Three weeks ago, after exposure to cold while washing, she was taken with a rigor, which was followed by fever, severe pain in region of the kidneys and violent emesis. Patient had an almost constant desire to urinate, but was unable to pass more than a few drops at a time. When admitted to hospital, her face and limbs were badly swollen (œdematous), urine small in quantity, light in color, sp. gr. 1.009. Upon the addition of heat and nitric acid one-half its bulk coagulated. Microscopical examination showed a large quantity of epithelium from the tubules and urinary passages, as well as epithelial and blood casts. Upon physical examination of lungs numerous very fine moist râles were found, showing some œdema of lungs; she also complained of pain in the chest. At 7 P.M. she was given fifteen minims fluid extract jaborandi, to be repeated every hour until she should perspire. Soon after

second dose she began to perspire, which soon became very profuse; at the same time the saliva escaped from the mouth almost continuously; this continued for some hours.

Oct. 26th. Patient feels a great deal better; no râles or pain in the chest. Repeated the same treatment this evening, with like result; also used dry cups over kidneys and lungs.

Oct. 27th. Patient improving; repeated jaborandi, with a like result; continue to cup over kidneys once a day.

Oct. 28th. Stopped the jaborandi; œdema has entirely disappeared.

Oct. 29th. Patient feels perfectly well.

Oct. 30th. Slight œdema in lower extremities. Gave her three fifteen-minim doses of fluid extract jaborandi, with no result except to produce an increased flow of saliva.

Oct. 31st. Repeated the fluid extract jaborandi and increased amount up to sixty minims, but could not produce any perspiration. Examined urine; found it light in color, sp. gr. 1.012, albumen about one-fourth its bulk. She was put upon—

℞. Tr. digitalis, ℥ij
Sol. potassæ citratis, ʒij
Infusi buchu, q. s. ad ℥iv. M.

Sig.—Take two drachms every two hours.

Nov. 1st. Improving.

Nov. 4th. Rapidly improving. Œdema has entirely disappeared.

Nov. 8th. Examination of urine shows it nearly normal.

Nov. 10th. Discharged, recovered.

Caseous Pneumonia, or Quick Consumption.

Walter Silverspare, aged forty-five. Nativity, Sweden. First mate. November 6th, 1878. Patient has had a cough for some time. About a month ago he was ill in the south, with a fever; while recovering from that he fell overboard, and remained in the water nearly half an hour. The next day he had a cough with slight fever, and for three weeks previous to his admission to the hospital he had been confined to his bed. When admitted he was very weak, pulse very small, weak and rapid, breathing fifty times per minute. Temperature 103°. He was also having involuntary evacuations of bladder and rectum. On examination we found slight dullness over whole of left lung, except at the apex, where it was vesiculo-tympanitic; at same place he had cavernous respiration and gurgles. Submucous râles over both lungs, most marked over the left lower lobe, gradually becoming firmer as we near the apices. Gave him, to bring up his pulse at once, spirits ammoniæ aromat. (thirty minims) hypodermically. For his general condition—

℞. Cinchonidiæ sulph., ʒj
Acid. nitro. mur., ℥ij
Aquæ, q. s. ad ℥iij. M.

Sig.—One drachm every four hours.

And half an ounce of whisky in two ounces of milk every two hours.

Nov. 7th. Râles in left lower lobe are a little larger than they were last evening. Those in the right lung are clearing up slightly. Respirations forty-six per minute. Temperature, 6 A.M., 102°; 7 P.M., 104.

Nov. 8th. Patient about the same. Gave him two and one-half quarts of milk, and ten ounces of whisky daily. Temperature, 6 A. M., 102°; 7 P. M., 103½. Gave him, in addition to the above—

℞. Tr. nucis vomicæ, ʒj
Ammoniæ carb., ʒj
Aquæ, q. s. ad ℥iij M.

Sig.—One drachm every three hours.

Nov. 9th. Râles in left lower lobe very much larger. He is failing rapidly. Temperature, 6 A.M., 102¾; 7 P.M., 105°; respirations, sixty-five per minute.

Nov. 10th. Râles in left lower lobe larger; those in right lung are not nearly so numerous, but are larger than when he was admitted. Temperature, 6 A.M., 102°; 7 P.M., 103°.

Nov. 11th, 6 A.M. Temperature, 103°. Died at 11 A.M.

Autopsy.—Disclosed a large cavity in left apex, innumerable cavities throughout both lungs, but more particularly in the left lower lobe; the cavities were from the size of a small pea to that of a small walnut; these cavities were filled with a creamy, puruloid matter. There was also innumerable cheesy deposits throughout both lungs, which had not as yet undergone liquefaction.

Editorial Department

Periscope.

The Use of Chloroform in Labor.

Dr. J. M. Howie, of Liverpool, writes to the *British Medical Journal*:—

There can be little doubt that the indiscriminate use of any anæsthetic during parturition is likely to prove injurious in very many cases. Chloroform certainly both relaxes the uterine fibres and dilates the minute blood-vessels, thereby retarding delivery and increasing the tendency to post-partum hemorrhage. Besides its power to prevent oxidation, it exercises an exhausting influence upon the nervous system. On this account, when I am called to a case of extreme exhaustion, I endeavor to expedite delivery (by forceps or otherwise), as far as possible, without the aid of anæsthetics.

The administration of chloroform "in the usual obstetrical fashion, namely, in small doses during the pains only, and after the commencement of the second stage," I have very seldom practiced during

the last six years, and only in those cases where uterine action has been excessive and rapid. In other patients, I found that it lengthened the labor, increased the tendency to hemorrhage, and, on account of the larger quantity administered, considerably prolonged the period of convalescence. One lady, the wife of a professional man, was so much injured by it as to present symptoms resembling those of puerperal mania. Nevertheless, it cannot be denied that chloroform is an immense boon to large numbers of lying-in women; but in the majority of such instances its administration ought to accompany the use of the forceps. The class of women (increasing year by year) in which such treatment ought to be resorted to early, comprises those whose heart is weak, and, therefore, liable to be injured by the intense strain produced by muscular effort. In such women, ergot is exceedingly injurious, for it increases the blood-pressure—(*a*) by promoting excessive uterine contraction, and (*b*) by contracting the minute blood vessels. Chloroform, on the other hand, lessens blood pressure by inhibiting uterine contraction and dilating the minute blood vessels. Then the early application of the forceps prevents such a strain upon the weak heart and vessels as would be likely to prove injurious.

I cannot but think that it would be a safe rule only to administer chloroform in those cases where uterine action is excessive, or where some artificial means of hastening delivery is contemplated, at an early period of the second stage. Since I adopted this rule, six years ago, I have had many hundreds of obstetric cases, and have not had a single case of troublesome post-partum hemorrhage in my own practice.

The Surgical Treatment of Lupus.

In an article by M. Hillairet, quoted in the London *Medical Record*, the writer says—

It was Veiel who first introduced acupuncture. The method consists in pricking the surface of the lupus with needles, either in bundles, or fixed in the same handle, but separated from one another by some millimeters. These needles, before being used, should be heated to a red color. This plan is, however, at the present time much less employed than the scraper and linear scarification. Volkmann invented the scraper, and published his proceeding in 1870. It consists in scratching the surface of the lupus with curettes of different shapes, but generally of small dimensions. It is necessary, in order to aid the action of the instrument, to raise up all the lupoid tissue, and one may be satisfied with the result when the curette comes upon more resisting parts; this is healthy tissue; the operator should then stop. It is generally necessary to repeat the operation one or more times a month, until the healing of the lupus is complete. Volkmann and Hebra both advise cauterization of the scraped surfaces with nitrate of silver. This method of Volkmann's gives very good results, but it is not applicable to all cases of lupus, and I more often employ linear scarification. To practice this, a needle, slightly flattened, with sharp edges, may be used. Or, following the example of Balmanno Squire, a scarificator with numerous blades, which he has expressly constructed, may be used. Personally, I find the needles most easy to manage, and I make the linear incisions separated by a few millimeters. I place my incisions in such a way that some are perpendicular to the others, and I repeat the operation one or more times a month, until the lupus is well. I have obtained by this practice very good results, and I believe that this method is destined to be of great service. It offers one inconvenience; that is, it gives rise to hemorrhage, which may be very abundant, and in patients with frail constitutions this may be injurious. I should say a great deal of this loss of blood may be avoided by applying to the lupoid surfaces, before operating, some convenient anæsthetic, and afterward by the immediate use of perchloride of iron; this may be simply done by means of a piece of blotting paper, as recommended by Balmanno Squire. Another recommendation of linear scarification is, that it can be more easily and more promptly repeated than cauterization.

Copaiba in Cirrhosis and Jaundice.

The value of copaiba as a diuretic and cholagogue is not sufficiently appreciated. The following case, reported in the *British Medical Journal*, by Dr. B. J. Massiah, illustrates it—

W. D., aged 37, a clerk, was a spirit drinker for four years, seven years ago; and during the last four years and a half has had three prolonged and painful attacks of jaundice, with ascites and œdema of the lower limbs. On admission, three months ago, he was tawny, thin, and rather weak. He complained of constant pain in the umbilical and lumbar regions. His fluctuating abdomen measured thirty-four inches in circumference, and the vertical hepatic dullness in the nipple-line was three inches. The urine was scanty, bilious, and exalbuminous.

During the first month he took bitartrate of potash and compound jalap powder; and the abdomen increased two inches, the urine remaining scanty. Then, under a scruple of copaiba thrice daily, it rose on successive days, from one pint in twenty-four hours to three, four and five pints; while the ascites began to subside. Once, for a fortnight, he took half a drachm of tincture of belladonna thrice daily, for the abdominal pain, and the quantity of urine fell below two pints daily. Since then, he has returned to the copaiba, and his urine has averaged three or four pints daily. The abdomen now measures thirty-three inches in circumference, and his general health is much improved.

On Albuminous Substances in the Urine.

An interesting paper on the albuminous substances which occur in the urine in albuminuria has been contributed to *St. Bartholomew's Hospital Reports*, for 1877, by Dr. Lauder Brunton and Mr. D'Arcy Power. In it they deal with the subject of differences in the coagulating point of albumen (or albumin, as it should be more correctly written, to distinguish egg-albumen from the serum-albumin of the blood) in the urine of Bright's disease, and also with the question whether there are other forms of albumin met with in it besides ordinary serum-albumin. We shall only give results here, and leave our readers to refer to the original paper

for details. In answer to the question, does the coagulating point of the albumin in albuminuria vary much? they found that it ranged from 144° to 180° Fahr. in five cases of different forms of "Bright's disease," and they showed that this difference partly depends, as was previously known, on the acidity and the amount of neutral salts in the urine, which lower the coagulating point, and partly on the amount of urea present, which raises it. The effects of the urea is so great that when it reaches 25 per cent. of the mixed solutions of serum-albumin and urea, coagulation is entirely prevented. On the other hand, the coagulating point is lowered by uric acid. Dilution of albuminous urine with water, to a specific gravity of 1.005, lowers the coagulating point, but does not render it constant. The differences in the coagulating point appear also to be partly due to the existence in the urine not only of serum-albumin, but also of the products of pancreatic digestion, which coagulate at higher temperatures the further the process of digestion has advanced, though their coagulating point is much lower than that of serum-albumin, about 160° Fahr. The effect of food on the coagulating point was experimented on in several cases, and was found generally to lower it, though not invariably. The coagulating point is not sufficiently constant in different diseases attended with albuminuria to infallibly indicate the nature of each disease; but the authors remark that "the great differences between the urine of a case of waxy kidney, in which the coagulating point was about 162° Fahr., and one of chronic Bright's disease, where it was 132° Fahr., cannot be regarded as unimportant."

Ergotine in Acute Ophthalmia.

Dr. Planat, of Nice, states, in the *Journal de Therapeutique*, that he has found ergotine act with efficacy and promptitude in proportion as oculo-palpebral phlegmasiæ are simply inflammatory. In blepharo-conjunctivitis the improvement is first observed in the conjunctiva; and in keratitis, although still very active, it is a degree less so than in the more superficial affections. It is also of great service in iritis, rapidly subduing the acute manifestations and preventing their extension to the external membranes of the eye. When these last are the seat of a chronic fluxion dependent on a scrofulous or dartrous diathesis, ergotine, without influencing the constitutional affection, acts none the less efficiently on the inflammatory element—a fact of importance, as by generally preserving the eye from plastic deposits, corneal ulcers, and consecutive staphylomas, it allows of the treatment for the diathesis being more promptly put into force. The formula which Dr. Planat recommends is from one to one and a half gramme of ergotine in twenty of glycerine or rose water, of which from eight to ten drops are to be inserted in the eye every two hours. Where there is violent inflammation of the eyelids or distention of the conjunctiva, a rag wetted in this mixture should be left on the parts for some hours. In general, two or three days suffice for the subdual of the most intense blepharo-conjunctivitis. Dr. Planat has employed the ergotine in this way, with invariable success, for several years past.

Differences Between Zymotic and Septic Poisons.

These are well set forth in a recent lecture by Dr. Reginald Southey, of London. The zymotic contagium, be this what it may—some modified blood or soluble animal cell, some fungus or low vegetable germ, zoospore or microspore—requires cooking or hatching for a certain period of time in the individual who has received it, before any apparent change or reaction can succeed. Some period of incubation must elapse, during which the poison infects or impregnates the whole system, before this manifests its presence by symptoms; but when the reaction is manifested, it is general at once throughout the body. So soon as the poison begins to work its changes, indefinite symptoms may arise, such as are common to all grave blood changes, and are non-appointing. You will have often heard me say at the bedside that a patient appears to me suffering from a general reaction to some one of the exanthemata contagia, which one I cannot tell until the rash comes out.

Three stages may thus be distinguished in the history of zymotic poisoning. (*a*) A dormant stage without symptoms; (*b*) an incubating stage with general symptoms; (*c*) a specific stage with special appointing symptoms.

No such separate stages can, I think, be observed in disease produced by septic poison. It is true that the poison of erysipelas, septicæmia, hydrophobia, sometimes lies latent in the body into which it has been inserted, but this latent period is non-essential; nay, rather it may be regarded as accidental, for from the first instant the poison reaches vulnerable surfaces, the reaction commences, the body is forthwith infected. A late or deferred reaction is apparently only due to encapsulation of the poison at the poison wound, its separation really from the body by a limitation barrier. Within such a capsule the poison germs lie like seeds inside a seed-case. Furthermore, in septic disease the reaction process first manifests itself at the point where the virus is inserted, and spreads from this focus, gathering force as it goes. There is no incubating stage—the specific symptoms follow at once. We perceive next that the quantity of virus or poison inserted makes absolutely no difference to the total sum of the reaction or specific symptoms provoked in the instance of zymotic disease, whereas both the form and quantity of the septic poison materially influence the course and gravity of the reaction induced. Finally, in both septic and zymotic disease we perceive a conflict between the stability of the poison entity and the stability of the person poisoned, but a conflict with this remarkably different issue, that the zymotic poison always vanquishes the body and leaves its stamp or mark upon it, whereas the septic poison is either vanquished and cast out, or obtains predominance, corrupts and destroys the individual.

Vomiting After Operations.

Prof. Verneuil, recently made some observations at the Société de Chirurgie on the occurrence of obstinate vomiting after operations and wounds. He did not allude to vomiting that might be dependent on eating too soon afterward, impure chloroform, regurgitation of the

saliva, etc. In the cases he has in view, the patients vomit saliva, bile, or ingested substances, without apparent cause; they become fatigued and anxious, and dare not eat or drink; while the efforts in vomiting sometimes induce oozing of blood from the wound. Prof. Verneuil meets with three or four such cases in his wards annually. This form of vomiting seems especially to occur in "alcoholics," as also in subjects of disease of the liver and kidneys, and in persons of bad digestion. The prognosis in these cases is not usually very serious, though sometimes it may cause uneasiness. Ice has been given with success, and in some patients morphia injections arrest the vomiting. It is of importance that the patients should be nourished; but wine, as well as milk, is badly tolerated. What succeeds best is ice, mucilaged and alcoholized water and pepsine, in the dose of fifteen grains morning and evening. Prof. Verneuil's object is to show that the cause of obstinate vomiting after operations is an anterior dyspeptic condition, and that frequently there are alterations in the internal organs, chloroform only playing quite a secondary part in the production of the vomiting.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. J. W. Sherfy, late an officer of our Navy, now of London, has republished from the *Temperance Record* an article on the antagonism of alcohol and diphtheria. It approves and endorses Dr. Chapman's well-known views on this subject.

——The *American Naturalist*, for December, contains a well-written article on the hygienic influence of plants, by Dr. J. M. Anders. It is the best summary of the subject we have seen.

——In No. 9 of Schmidt's *Jahrbücher*, Dr. B. Segnitz, of New York, has a communication on idiopathic asthma, principally concerning its history. He does not speak sanguinely of treatment. Moderately large doses of camphor have proved the most effectual in his hands.

——The report to the Pennsylvania State Medical Society of the Philadelphia County Medical Society, on Epidemics and Meteorology, by the Chairman, Dr. Benjamin Lee, makes a pamphlet of thirty pages. It is a carefully prepared document.

——Dr. Thad. M. Stevens, of Indianapolis, has published an article of four pages on "The History of and Necessity for Medical Legislation in Indiana," which it is to be hoped will stir up the profession of that State to active work.

——The Annual Report of the Columbia Hospital for Women, and Lying-in Asylum, has reached us. It will be remembered by many that an anonymous correspondent of a Louisville journal preferred numerous and grave charges against the surgeon in charge, and they were also filed in the Department of the Interior. A committee of eight physicians were appointed to investigate them, and it is but just to quote the following extract from their report:—

"In carefully reviewing the testimony adduced, a work absolutely necessary in order to arrive at the result desired by the Board of Directors, the Advisory Board have had the conviction forced upon them that, not only are their conclusions, as previously given, entirely just in every particular, but that Dr. Murphy is entitled to the highest commendation for the fidelity and conscientious discharge of his duty; and, further, the Advisory Board feel that they would have but illy performed their task should they fail to express their appreciation of the professional skill of Dr. Murphy, and their entire confidence in his ability to meet any emergency that may arise in an institution of this kind."

——A thoughtful and able article on the prophylaxis of puerperal convulsions appears in a reprint from the Toledo *Medical and Surgical Journal*, by Dr. E. S. Dunster, Professor of midwifery at Ann Arbor. His opinion of the practicability of prophylaxis may be judged from this extract, toward the close of his paper: "I cannot close this paper without again expressing the belief that medical art now furnishes a certain method of averting, in very many if not the large majority of cases, the dangers consequent upon the albuminuria of pregnancy, and that it should be our constant aim to early recognize the condition, so that the treatment may be applied in season."

——The Annual Report of the Surgeon General United States Navy, gives the usual statistics and urges upon Congress the importance of providing for the publication of the Index Catalogue, which it is to be hoped will promptly be done. The Surgeon General adds, "Of its great utility, not only to the medical profession, but through that profession to the people at large, there can be no doubt, and there are special reasons why it should be placed beyond the reach of casualty, and made accessible to physicians with as little delay as possible." In regard to the

present medical staff he says, "It has not been found practicable to fill existing vacancies, but seven candidates having been found qualified for appointment as Assistant Surgeons in the past ten months. Even were the Corps filled to its maximum, the present disposition and occupation of troops creates a necessity for additional medical aid, and it has been found expedient, economical, and in every instance absolutely necessary, to employ physicians under contract to meet such demands; such employment terminates when the emergency ceases."

——Dr. H. M. Paine, of Albany, has favored us with several pamphlets, etc., relating to the "advanced" position of modern homœopathy, the registration of disease, etc. To discover the follies of "dynamization" does not, we confess, seem a wonderful thing; but we do feel surprise that a gentleman of Dr. Paine's real thoughtfulness and ability should continue to believe as much nonsense as he yet does.

——Dr. George M. Beard has done a good thing by exposing the palpable frauds of the so-called "Mollie Fancher Case," the Brooklyn seeress, who has been befooling the public, and even several respectable members of the profession, for years. Dr. Beard sufficiently exposes the humbug by stating that the seeress and her medical advisers decline the test of a properly guarded scientific examination. *Verb. sat. sap.*

BOOK NOTICES.

Differential Diagnosis: A Manual of the Comparative Semeiology of the more Important Diseases. By F. De Havilland Hall, M.D., Assistant Physician to the Westminster Hospital, London. American edition, with extensive additions. Philadelphia, D. G. Brinton, 115 South Seventh street. 1 vol., 8vo, cloth, pp. 205. Price $2.00.

The recognition of disease is the indispensable requisite to successful treatment; hence, the great attention which is paid to diagnosis by the most eminent medical teachers. In the work before us, Dr. Hall, himself an able and successful instructor in one of the London medical schools, presents a series of tables setting forth the differential diagnosis of the more common diseases. The *British Medical Journal*, in a review of the work, says: "These tables do not partake of the objectionable type of books brought out by "grinders;" they are invaluable aids by the bedside, enabling the practitioner and student readily to compare signs met with in disease with those observed in health."

The American editor has expanded the plan of Dr. Hall, while adhering to its excellent method, to include several groups of diseases not appearing in the English work. He has, moreover, devoted especial attention to collating and presenting the *early* signs of disease; the *pathognomonic* symptoms of disease, and the *peculiarities* of disease in the United States.

Thus we have three pages filled with the symptoms of exanthematous fevers which precede the eruption and enable the physician to predict its form and the nature of the disease. For the diagnosis of incipient phthisis, sixteen different signs other than those supplied by the usual rules of auscultation and percussion, are enumerated. Three pages are assigned to the early signs of Bright's disease. And the prodromata of that insidious and terrible disease, general paralysis, are carefully drawn.

The scope of the work takes in both general and local diseases. Under the former there are chapters on fevers and diseases of the blood; under the latter are diseases of the nervous system, of the respiratory system, of the circulatory system, of the digestive system and of the urinary system. While, of course, various diseases of rare occurrence and slight importance are omitted, it will be found that almost all which the practitioner meets with, and which are liable to be confounded, are represented. The tabular and comparative arrangement adopted offers peculiar facilities for presenting a great deal of matter in a singularly compact form. Hence it is that in a convenient volume of but little over two hundred pages a vast amount of information is condensed.

We also observe that the latest contributions to the subject have been levied upon, and though preference is avowedly given to American authors for the description of diseases, the important works of the latest German, French and English authors are freely consulted.

The paper, print and binding are all of the best, and, both in matter and form, the work will scarcely fail to please all who make use of it.

Beiträge Zur Entwickelungsgeschichte des Menschen, des Säugethiers und des Vogels. Von Fanny Zeiller g. Elser.

Contributions to the History of the Development of Man, Mammals and Birds. By Fanny Zeiller, Honorary Member of the Free German Hochstift, Frankfort on the Main. J. G. Weiss, Munich.

In this work, published at Munich last year, we have a noteworthy contribution to the science

of embryology, by one of those erudite women who, within the past few years, have so triumphantly vindicated the aptitude of their sex for the severest studies. The work is in the form of an Atlas, containing ten large full-page plates, exhibiting in ninety-seven different figures, drawn, with scrupulous fidelity, from nature, the stages of development of the human embryo, illustrated by numerous comparative examples of its growth in other mammals and in birds. The technical perfection of the work is apparent on the most superficial examination, and that it is calculated to give very faithful representations all familiar with such subjects will readily recognize.

But the criticism which will be at once pronounced upon the book is, that it is what the Germans call *tendenziös;* in other words, the authoress has undertaken this enormous labor to support certain views of a theoretical character, rather than simply to represent, with the cold indifference of pure science, the occurrences that transpire in that most secret arcanum of nature, the fertilized ovum. This she frankly avows in the introductory remarks.

Our readers are, no doubt, aware that the adaptation of means to end, the enforced relation of cause to effect, and the evidence of design and purpose, are jointly and severally denied and derided by advanced scientific thinkers, and nowhere more boldly and absolutely than in Germany. The unity of life in the individual, and the indissoluble communism of the vital acts, from the first segmentation of the yolk to the last gasp of death, is not admitted. It is in the defence and illustration of this rejected oneness of the individual life, that Mrs. Zeiller presents the rich store of facts she has accumulated; but in doing so, has taken pains to re-examine, and often to correct, the statements regarding the development of the embryo, as given in the leading text-books of Kölliker, Bischoff, Häkel, and others.

Whether we concede or not that she has established the underlying principle for which she contends—and on this point we do not consider that either ourselves or this generation, is capable of pronouncing the final word—no one can deny her the highest credit for carrying out so laborious an investigation with such excellent results.

Transactions of the Minnesota State Medical Society, 1878. pp. 186.

In these *Transactions* the reports of the committees and the discussions on them are given at considerable, at times unnecessary, length, as many pages could have been abbreviated one-half without loss to any one. The Report on Surgery is especially full, and numerous cases are cited. The leading essays are by Dr. Franklin Staples, on "Fracture of the Femur;" Dr. W. W. Mayo, on "Purpura Hemorrhagica;" and by Dr. J. B. McGaughey, on "Venereal Diseases." They are all three excellent papers, the one first mentioned particularly showing a thorough study of the subject.

The Principles and Practice of Surgery. By John Ashhurst, Jr., M.D. Second edition. Enlarged and thoroughly revised. With 542 illustrations. Philadelphia, H C. Lea, 1878. pp. 1040.

The science of surgery has grown so greatly that even a volume of more than a thousand pages, such as the one before us, demands on the part of the author the most judicious compression and selection to present its various branches with adequate fullness. This Dr. Ashhurst has felt, and has at once acknowledged that in some directions, as in diseases of the eye and the ear, any attempt at completeness is out of the question. By this discretion he has allowed himself more room to discuss those general principles and common accidents and diseases, a knowledge of which must make a part of the education, not merely of the specialist, but of every practitioner of medicine.

While our space does not allow us to enter at length in an analysis of his work, the several articles we have perused in it have convinced us that it will bear very favorable comparison with any other. This, too, is shown by the fact that a second edition has been called for. The author has taken the opportunity to give the whole a thorough revision, and made a large number of important additions.

A Manual of Physical Diagnosis. By Francis Delafield, M.D., and Charles F. Stillman, M.D. New York, Wm. Wood & Co., 1878. 4to, pp. 30.

An interleaved quarto of thirty pages, rehearsing the known and established rules of diagnosis of thoracic diseases, in a simple form, readily comprehensible by junior students; this will, no doubt, be found by such a very convenient work of instruction. Appended to the manual is a colored superimposed plate, giving the location of the contents of the thorax and abdomen; a once very popular plan of conveying information which has been little resorted to of late years.

THE

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A BATTLE OF THE GIANTS OVER EVOLUTION.

Those great lights of science, Professor RUDOLPH VIRCHOW, of Berlin, and Professor HAECKEL, of Jena, have been indulging in a set-to which has been making the scientific atmosphere of Germany sulphureous with the smoke of the combat.

The veteran Berlin pathologist has not often been accused of religious bigotry; indeed, he has usually been held up by the Particularist and Romish press as a frightful exemple of the scientific atheist and modern infidel. But his time has come, and HAECKEL now points him out as a religious fanatic! The duel arose in this wise:—

At the last meeting of the German Association for the Advancement of Science, Professor HAECKEL delivered an able address, in which the theory of the evolution of all existing organism from a single organic cell had been advanced as an almost self-evident conclusion, and as sufficiently established to permit it to be taught in every school. A second and scarcely less daring proposition had been laid down by NAEGELE, to the effect that the province of mind should not only be extended from animals to plants, but that we should finally pass over from the organic to the inorganic world with our conceptions of the nature of mental operations.

To these propositions Professor VIRCHOW entered a powerfully written protest. He pointed out that the theory of evolution is so completely at variance with views that have long been generally accepted that it constitutes a sort of new religion, and must be imported as a whole into the schools; for, even if not ordered to be introduced, the schoolmaster who accepted it would necessarily have his mind so tinged with the doctrine that it would influence all his teaching and force its own way. But the evolution theory is still on its trial; it has been extended far beyond the limits in which it was bounded by the caution of its originator, and on a certain basis of solid fact a great superstructure of hypothesis has been raised. So with Professor VIRCHOW's own well-known formula, that every cell is derived from a cell; there have not been wanting others who not merely extended this statement in the organic world, beyond the bounds to which he had restricted it, but transferred it beyond the bounds of organic life—as holding good universally; and he states that he has received the most extraordinary communications from America and Europe, in which the whole sciences of astronomy and geology were based on the cell theory. Such hypotheses are clearly beyond and outside of the educational system. They may be suggestive and useful to the Professor, but they are utterly unadapted and harmful to the student. For him and for the general public the distinction between what is absolute fact and what is only presumption should be sharply defined and clearly recognized. The teacher should teach that alone which he knows to be true and irrefragable; for it must not be forgotten that, when the public see a doctrine which has been presented to them as established and claiming universal acceptance proved to be faulty, many are led to lose faith in science, and to reproach it with insincerity and instability.

These utterances were eagerly seized upon by the religious press of Germany, and published in a

more or less complete form, as "the recantation of the great materialist."

But HAECKEL, who seems to be like one of our own shining medical lights, "a terrible fellow in a controversy," lost no time in polishing his weapon and rushing forth. His pamphlet, *Freie Wissenschaft und freie Lehre*, is full of the sharpest points. He claims that VIRCHOW is ignorant of the common facts of science, that he is getting old and weak in the head, and that he is dabbling too much in politics to keep up with medicine. As to the evolution of species from each other, he quotes numbers of undoubted examples. He, HAECKEL, has himself shown some, in his monograph on the "Calcareous Sponges," his investigations leading him to the conclusion that, according to the taste of the observer, 3 or 21, or 111 or 289, or 591 species may be made, indicating in no uncertain manner the probability of the transformation of species. All this and much more, as the evidence derived from embryogeny, and from the presence of rudimentary organs, VIRCHOW either ignores or passes lightly over. Indeed, VIRCHOW, he says, is not now qualified to form an opinion upon such points, since his labors of late years have been political rather than biological. Just such a deviation from the paths of science was witnessed in the case of ERNST VON BAER, and with a similar limitation of the mental horizon. Both began life as great reformers of the then prevailing doctrines, both failed to bring their knowledge up to the times, and "hence the authority of both in their later life fell away." "VIRCHOW does not know how ignorant of morphology he is."

The controversy, as it stands, may be said to be a pretty one; and we shall look with interest for VIRCHOW's reply; meanwhile he has dropped politics, avowedly, to address himself with all his energy to science.

We are very far from believing that his day of active thought has passed away. It is an imputation often laid at the doors of men advanced in life, that their powers are failing, when such is by no means the case. We shall be surprised if VIRCHOW does not reply in a manner to show that his eye is not dim nor his strength abated.

NOTES AND COMMENTS.

The Use of the Actual Cautery.

Dr. Agnew, in his "Surgery" (p. 76), characterizes the actual cautery as "a rude weapon of torture," an expression that we read with surprise, and cannot but believe is erroneous and unjust. It is an indispensable and most valuable implement at times. That eminent surgeon, Mr. Henry Lee, of Guys Hospital, London, has an article in a late number of the *Lancet*, on the value of the hot iron as a styptic, etc. We allow ourselves two quotations from it:—

"Before the introduction of anæsthesia into surgical practice, the use of the actual cautery was justly regarded as a barbarous and cruel proceeding. The traditions of one age descend to the next, and the application of a hot iron to the body is still regarded by the public, and even by some members of our profession, as a thing not to be tolerated in scientific surgery. All objections to the use of the actual cautery vanish, however, so soon as it can be said that it can be used without giving pain. * * *

"The actual cautery has the great advantage of closing the veins as well as the arteries, and thus removes one of the gravest sources of anxiety to the surgeon, inasmuch as the great danger in surgical operations arises from the absorption of septic agents through unclosed veins. The ligature of a vein, as is well known, is not unattended with risk, for the obvious reason that during the time that the ligature is separating a certain amount of suppuration necessarily takes place, and the products of that action may give rise to septic absorption. The actual cautery, therefore, possesses a great advantage over the ligature, as far as the veins are concerned. The danger of blood infection, though in a much less degree, obtains when an artery is tied. In a vein the current of blood is toward the centre of the circulation, and in an artery from it. When mischief arises from the cause mentioned, after an injury to an artery, the effects are usually seen in the peripheral circulation. When venous absorption takes place, the results are generally manifested in the central organs."

We also note that in the *Bulletin de Therapeutique*, October 15th, Dr. Trudeau states that in Dr. Labbée's practice most excellent effects are obtained from the employment of the actual cautery in the treatment of diffused phlegmon. The treatment consists in applying numerous and deep cauterizations in the incisions which have been practiced in the phlegmon. No case should be despaired of until this treatment has been applied,

an abatement of all the severe symptoms usually occurring, the pain and fever very rapidly disappearing. Usually the cure is complete.

Mortality from Alcohol and other Causes.

Dr. Thomas Morton, of London, has presented, in the *Medical Press and Circular*, some remarkable statistics of the comparative mortality from alcoholism and other diseases, in England and Wales. He gives the following list of the causes of death, arranged in the order of their fatality.

DISEASE.	TOTAL DEATHS.	DEATHS FROM 25–75.
Bronchitis	54,055	21,603
Phthisis	51,775	33,374
Heart Diseases	30,481	23,878
Atrophy and Debility	14,364	3,413
Old Age	25,461	1,919
Convulsions	25,408	52
Pneumonia	24,492	8,828
Diarrhœa	21,781	1,833
Apoplexy	13,215	9,558
Cancer	11,604	10,719
Paralysis	11,994	—

The deaths due directly or indirectly to alcohol, confining it to the period of life from twenty-five to seventy-five years, he carefully calculates at the alarming total of 39,287 !

The Development of the Graafian Follicles During Pregnancy.

Contrary to the opinion then prevailing, and contrary to that now generally taught (for example, Barnes' "Diseases of Women," p. 28), the late venerable Professor of Midwifery at the Jefferson Medical College, Dr. Charles D. Meigs, used to teach that the development of the Graafian follicles continued uninterruptedly during pregnancy. This opinion has been confirmed by some researches and post-mortems made by Dr. Slaviansky, which we find in the *Med. Centralzeitung*, Oct. 30th. A woman of twenty-four years, who died suddenly in the third month of pregnancy, displayed follicles on the point of bursting, and recent corpora lutea. This may be said to decide a question of considerable physiological interest.

The Physiological Action of Coffee.

Prof. Binz has been making some new experiments on this subject. He found that very large doses not only raised the temperature, but caused death by convulsions; but the latter could be averted by artificial respiration. Moderate doses of caffein raised the blood-pressure, the effect being the same whether the pneumogastric nerves are divided or not. Professor Binz has also examined the effect of caffeoon, the name given by Boutron and Frémy to the volatile products developed in the coffee-bean by roasting, and he finds that it acts, like caffein in moderate doses, as a stimulant to the brain, the heart, the respiration, and the heat-producing apparatus. He agrees with Hoppe-Seyler and Voit, that an ordinary infusion of coffee slightly increases rather than diminishes tissue-change. In any case, the influence it exerts in this direction is very trifling. The potassium salts contained in coffee are probably of no physiological importance.

The Treatment of Sprains.

Mr. Dacre Fox, an English surgeon to a large railway company, who has had considerable experience of this form of injury, says that in the more severe cases he finds that after a few days of fomentation the best treatment is regulated pressure by means of carefully adjusted pads and large plasters of a special shape, varying according to the particular joint involved. By this plan he feels sure that it is possible to control the effusions into the sheaths of the tendons and adjacent structures, to lessen the pain, and to shorten the duration of treatment.

Solubility of Chloral in Fatty Bodies.

M. Catillon, in a communication to the Société de Thérapeutique, observed that the ready solubility of chloral in considerable proportions in fatty substances is not generally known, and may often prove of great utility in practice. One part of the hydrate is soluble in two of oil. The formula which he recommends is chloral 6 and oil of sweet almonds 30 parts; or chloral 6, lard 27, wax 3 parts. On the same principle, we may make plasters, bougies or suppositories according to the following formula: chloral 1, white wax 2, and butter of cacao $2\frac{1}{2}$ parts.

The Pathology of Diphtheria.

It is justly remarked by a writer in an English contemporary that the researches into the intimate pathology of diphtheria have as yet been to a large extent abortive. Many observers, such as Oertel, Letzerich, and Nassilloff, have asserted the constant presence of a specific growth of a lowly organism, of fungoid or bacteroid character, but their observations are mutually conflicting and inconsistent, and have been contradicted by equally skilled observers. But if in any of the specific contagious diseases we may anticipate the final discovery of an independent growing organism, we may perhaps look for it with more hope of success in diphtheria than in any other, seeing what a strong vitality the contagion displays under suitable conditions.

Correspondence.

The Contagion of Yellow Fever.

Ed. Med. and Surg. Reporter:—

I notice in Reporter, November 30th, an article on yellow fever, reported by G. L. Wilkins, M D., which contains the opinions of various physicians in regard to its origin, mode of conveyance to the human system, etc., whether by water or air, etc. It seems to me that it is a very plausible theory to believe that both water and air are the means through which the poison is carried into the system; therefore it seems to me to be rather a useless controversy to lay the cause of its conveyance on either the one or the other of nature's products. I fully coincide with Dr. J. S. Lynch in his views as to the origin and non-contagiousness of the yellow fever. If the fever is carried into the system by water, and not air, why is it that so many escape the infection who remain out of the city at night, go in every day, drink the water, and yet remain free from the disorder, when most of those who remain in the town at night are taken down? Surely, this seems to show that water is not the only means by which the poison enters the system. In Savannah the above facts were the case as a rule.

Dr. Evans believes yellow fever and bilious remittent fever to be one and the same disease. In this I beg leave to differ, for the one generally confines itself to towns or places which have bad air, etc., and seems to require for its propagation, the presence of a certain degree of heat for a stated time, and the conditions of moisture and unsanitary conditions, while the other is endemic to the country, where pure air abounds, and occurs to the residents year after year. Did any one ever know the yellow fever to spread through a farm house located in a perfectly pure atmosphere? The symptoms are certainly not alike in every respect, though the autopsies may be. I grant, if one takes up a treatise on each affection, it is difficult to see the difference between the two diseases; but let one see both infections, and I think he can tell the difference. One does not observe, as a general thing, that peculiar bloodshot look about the eyes, nor, as I observed in the Savannah Hospital, that whiteness of tongue, in bilious fever, as in the other disorder; nor have I seen in Florida that tendency to suppression of urine, or hemorrhagic diathesis, so common in yellow fever, prevail in bilious fever. I don't say that hemorrhages, etc., may not be present in bilious fever sometimes, but I mean as a general thing.

In looking over my notes of cases of yellow fever, I find that in Savannah the pulse and temperature were nearer together than is common in bilious fever. In not one do I find the pulse to rise to 100, but the temperature ranges from 102$\frac{4}{5}$ to 104½. The tongue in bilious fever is almost always coated with a yellowish fur; in yellow fever, white. Is not the pulse much higher in bilious fever than in yellow fever, and do we find the heat of body and pulse so near together in bilious fever? It does require some discrimination to decide between the disorders where both prevail, and should yellow fever and remittent prevail in the same place in Florida, it would be hard to diagnose the one from the other, unless the practitioner had seen both, as I have. I will give a short report of two bad cases, one yellow fever, the other bilious remittent.

Yellow Fever.—T. G., a native of Ireland, admitted to hospital in Savannah, September 19th, 1876; fever high; pain in epigastrium, head and legs; eyes suffused and congested. Treatment: Blister to stomach, quinine in large doses, bath. Remission followed by vomiting, suppression of urine, not satisfactory; violent delirium; had to be tied down; black vomit; death. Post-mortem. Adipose tissue abundant; muscles very red; liver partly boxwood, fatty degeneration of, engorged; stomach congested and black vomit visible in small and large intestines, which were congested; unhealthy bile and mucus; kidneys congested; spleen normal size, but exceedingly rotten and soft. I give you the report as it was taken at hospital by myself and the doctor in charge. I assisted in the autopsy.

Bilious Fever.—Mr. P. Pulse 108; tongue foul; pain in back, legs and head; stomach tender and nausea; eyes slightly yellow; urine scanty; bowels open. I regret that I have not the temperature in either case, but the above report will show a similarity in the two affections, but also a slight difference between the yellow fever case quoted and the rest, in general. The bilious case recovered, and it was not so bad as the other one. We used various remedies at the hospital, and lost about one-fourth of the patients.

In Florida the higher lands seem to be more subject to fever than the lower; wet places more free than the dry lands, where the sun soon dries the ground and enables the microcosm to float in the air. I don't see why one place may not have pure air and the one next foul air; that one may be sick in one room, from bad air, and the next person in an adjoining room be free, where pure air may abound. As in a case of carbonic acid poisoning. Again, in some parts of Florida the water they drink seems to be poisonous; to favor sickness; so we may see that both air and water may convey a poison. At this place the water is good, yet we have fever, which I think is from air poisoning, while in Marion county the water is bad, and may seem to cause sickness.

As to contagion, I agree with Surgeon Woodworth. I don't believe in it, though I think the germs may be carried by fomites, and not capable of self-multiplication in the human body. In reply to Dr. Nowlin, I would say that it may not depend upon the increase of germs in the body as to whether the disease is violent or not, but on the amount of poison one takes into the system, as in intermittent and remittent fever. I think the greater the amount taken into the system the greater the violence of the attack. The bed clothes may become infected, not from the body, but by the heat and filth which must of necessity be generated by reason of the close confinement of the patient to bed, allowing no air to reach the body, nor can the sick person be washed thoroughly. All this must tend to the development of germs, not from the person, but on account of favorable conditions being present for harboring poison when present in air; heat and filth conditions favorable for propagation of disease when the poison is present; therefore, may the germs be

carried by fomites to places unhealthy and filthy, and produce an epidemic. And why not the fever germs travel in air from place to place, as do the locusts (fasten upon all green things), wherever they a fit place find. If the fever was communicable from person to person, why did not I, who devoted time to fever wards, take the "contagion?" I helped give baths and medicines, and paid particular attention to the fever patients; or the nurse who was among them constantly, an Englishman, too! (I say Englishman, because it is supposed that strangers, or those from higher climes, are more liable than those to "the manor born.") I did not stay in Savannah at night; I went into the city, from a pure atmosphere, drank of the water in town. I say, if it had been contagious, why did we not take the yellow fever? I don't believe in contagion, but do in infection, and agree with Dr. Lynch in his views, and would advise having quarantine, by all means; the exclusion of fomites from a city, and strict attention to the sanitary conditions of a city.

Respectfully, J. G. Bulloch, M.D.
Morrison's Mills, Fla.

Pathology of Hysterical Cough.

Ed. Med. and Surg. Reporter:—

An article in No. 25, volume xxxix, on "The Importance of Medical Observation in Rural Districts," has encouraged me to reply to an article in No. 20, same volume, by Dr. Risel, of Messeburg, on "The Management of Hysteria." In reference to the treatment of the case quoted, where he chloroforms a patient for fourteen days, to quell a "violent cough," hysterical or nervous in character, I shall not enter into any discussion of the cause of such symptoms, whether they originate from genital disturbances or not, but will quote three cases, and leave you to judge whether his theory and practice are the best or not. Though coming from a learned professor and a foreign land, I believe he misses the mark very widely.

Case 1.—Mrs. J. S., aged thirty-four, hysterical, suffering from uterine polypus, was taken with violent cough, and for ten days I could get nothing to alleviate it a particle; finally, in examining the spine, I discovered that pressing on the fourth and fifth dorsal vertebra increased the cough. I ordered a blister to the spot, which remained twelve hours, and the cough vanished completely. I subsequently got rid of the polypus, and the patient has since borne a thirteen and a half pound child, and has good health.

Case 2.—Mrs. S. A. T., aged twenty-two, hysterical. I had procured an abortion with her, for relief of puerperal convulsions, on January 24th, 1877. She remained in delicate health, but became enceinte in August. I was called October 1st, and found her emaciated; had retained no food for a week, and in the last two days retained nothing, not even a spoonful of water; the spine was excessively tender, and pressure on the lower dorsal vertebra caused retching. Ordered bis. sub. nit. et ingluvin, equal parts, five grains every three hours, and a blister to the spine. She vomited everything until the blister had done its work; then she retained the medicine, and in a short time was able to take a light diet. October 3d. Some cough; retains food. October 4th. Cough violent, and continued so for three days, interfering with the digestion. October 8th. Find some vomiting; cough still violent, and excited by pressure on the dorsal vertebra; applied blister to the spine, and it remained twenty-four hours without blistering, over the third, fourth and fifth dorsal vertebra. October 9th. Still coughing; applied a fresh blister where the other failed, and in ten hours it blistered, and in twenty-four hours the cough was gone. She recovered, and in May, 1878, was delivered of a fine child, at full term.

Case 3.—Mrs. A., has uterine trouble of long standing. Was called November 17th, 1878, and found she had diphtheria, which ran a severe course. The fifth day of the disease had slight cough; was fearful of extension of disease into the larynx, but all remedies for it failed to even check its progress. On the decline of the diphtheria, in the third week, the cough still increasing, I examined the spine and found that there was cough on pressing the dorsal vertebra; applied the blister, and when it produced sufficient counter-irritation the cough subsided.

My conclusions are, that a nervous or hysterical cough comes originally from genital disturbances, through the spine, and my treatment is satisfactory to me and my patients. W. S. Dodd, M.D.
Amity, Pa.

Remarks on a Case of Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

On Nov. 14th was called to see Miss D., single, aged fifteen years, primipara. Found patient in severe puerperal convulsions; was informed by friends that she was in that condition when first noticed, about 4 o'clock in the morning, and her prostration and the terribly lacerated condition of tongue and lips indicated that she might have been in convulsions the greater part of the night. She had complained of severe headache and dizziness the evening previous. From the time found until my arrival, 9 A.M., her convulsions were severe, with but slight intermissions. I controlled the convulsions with chloroform, made an examination, and found the os pretty well dilated; membranes ruptured, but the pains were not very severe. I dispatched a messenger to my office, eight miles distant, for more chloroform, having only half an ounce, hydrate of chloral, and my forceps. The messenger who came for me was a small boy, and I knew nothing of the nature of the case, and was poorly prepared for such an emergency. Gave bromide potass., in full doses. The convulsions increasing in severity, and the prostration momentarily increasing, fearing the patient would die before the messenger arrived with forceps and chloroform, and thinking it would give the woman one more chance for her life (the child being already dead), I determined to deliver by podalic version; this I succeeded in doing after some time, the process being necessarily a slow one, owing to severity of convulsions and almost continuous uterine pain excited by presence of hand, and for lack of chloroform to control convulsions. Placenta and membranes followed immediately, and considerable hemorrhage. Secured uterine contraction. Gave small dose bromide potass. Convulsions ceased, but patient remained in a comatose state, stertorous breathing, and vomited once the peculiar coffee

ground vomit, so indicative of great prostration. Notwithstanding external heat, stimulants, etc., in two hours the convulsions returned, and two hours later patient died. Notwithstanding the tediousness of the version, she was delivered two hours before the forceps arrived, and undoubtedly a still longer time must have elapsed ere nature alone would have accomplished the work. Much more time might have been saved had I had my forceps with me.

Now, was the course pursued the best, under the circumstances above detailed? Editor please answer. J. A. RAWLS, M.D.

Macksburg, Iowa.

A Case of Scrofula.

ED. MED. AND SURG. REPORTER:—

Dec. 4th, 1878, I was called to see K. Z., age sixteen months. On looking at the little patient, I saw, from the swollen neck and cheek, that she was laboring under scrofula. She had been treated four days previous by another physician, but without any benefit. Pulse 150, temperature 105°; had a chill the evening before I was called. I ordered flaxseed poultices to the neck, and gave her five-drop doses of syrup of iodide of iron, in water, three times a day, also quinine, to break up the malarial trouble, and Dover's powders, to keep her quiet. Saw her again at eight next morning; she had rested very well; pulse 120, temperature 100°; treatment continued. Saw her at ten next morning; had not rested very well; she was crying and fretting a good deal; pulse 125, temperature 120½°; treatment continued; bowels moved with castor oil. Saw her again at nine next morning; very restless; pulse 115, temperature 100°; abscess pointing on the neck, which was evacuated by the lance; treatment continued. Saw her again next morning; found her considerably better. Saw her again next morning and discharged the case. WM. F. HAMER, M.D.

Mitchell, Ind.

A Case of Trephining

ED. MED. AND SURG. REPORTER:—

On June 11th, 1877, I was called, in consultation with Drs. Reed and Bennett, of Iberia, Ohio, to see a little son of Geo. Yaker. The boy, aged seven, while playing in the yard, received a kick from a horse, crushing the skull at the posterior and upper border of the left parietal bone, at the junction of its articulation with its fellow and the occipital. The accident happened about six o'clock in the evening, and I saw the case first at 9 o'clock P.M. same day. He was then, and had been from the time of the accident, in a comatose condition. After making a careful examination, thought best to operate at once.

By the light of two oil lamps proceeded to operate by enlarging the scalp wound, and then proceeded to trephine. After removing the button was able to remove two large and one small piece of bone. The larger ones were respectively 1⅜ by 2⅛ and 1¼ by 1 inch diameter. Was very fortunate in not rupturing the dura mater. Partially closed the wound, leaving an opening for drainage; ordered patient to be placed in a dark room, excluding all persons but regular attendant; that he should be kept well over on his left side. Ice should be applied to wound, and that it should be cleansed with carbolized water. Ordered veratum and aconite, to control circulation; bromide of potass., to produce rest. He was given good diet, and quinine and iron. The cold was kept on the head for nearly two weeks; he was kept in the dark room three weeks.

His recovery was complete, being able to be around in six or seven weeks.

There are several interesting features in the case, principal of which is the time of operating, position and seat of fracture, and his complete recovery. H. R. KELLY, M.D.

Galion, Ohio.

NEWS AND MISCELLANY.

New York Academy of Medicine.

At the annual meeting of the New York Academy of Medicine the following officers were elected: Fordyce Barker, M.D., LL.D., President; William T. White, M.D., T. Gaillard Thomas, M.D., James R. Leaming, M.D., Vice-Presidents; John G. Adams, M.D., Corresponding Secretary; Horace T. Hanks, M.D., Recording Secretary; Edwin F. Ward, M.D., Assistant Secretary; Francis V. White, M.D., Statistical Secretary; Horace P. Farnham, M.D., Treasurer; Austin Flint, M.D., Samuel T. Hubbard, M.D., Isaac E. Taylor, M.D., S. S. Purple, M.D., Trustees.

Vital Statistics of New York City in 1878.

From the return of the Health Board of New York it appears that in 1878 the greatest number of deaths from any one disease was phthisis, and the next most destructive disease was diarrhœa. The deaths from small-pox were two only, the number being the smallest reported for any year since 1824. This small mortality is attributed to the activity of the Vaccinating Corps for several years past. It is believed by President Chandler that this good result is an indication, not to be questioned, of the efficiency of vaccination, and of the great importance of maintaining the strength of the corps.

The number of deaths in 1878, as compared with that of 1877, is given in the following table, the diseases being given by general classification:

Classes of Disease.	*1878.*	*1877.*
Total deaths from all causes	27,005	26,203
Total zymotic diseases	7,635	8,042
Total constitutional diseases	6,422	5,800
Total local diseases	10,197	9,720
Total developmental diseases	1,709	1,615

The deaths from diphtheria and scarlet fever are but slightly greater in number in 1878 than in 1877. The returns by wards show that the ward in which these two diseases have prevailed to the greatest extent was the Nineteenth. The Fifteenth ward has enjoyed almost complete immunity from the ravages of both scarlatina and diphtheria. While the theory that sewer gas has caused diphtheria has been abandoned, and it has been found impossible to demonstrate that the diseases have clung to the lines marked by original water courses, there has been abundant evidence that

both of these diseases have been aggravated by sewer gas and bad drainage.

It is of interest to know that but one mother bore triplets during the year, while 206 mothers gave birth to twins. One mother of fourteen gave birth to a child, 2 mothers of fifteen gave birth to their second children, and 442 mothers over fifty bore children.

During the year there were born dead 2292 infants. The Coroners had, of all classes of cases, 2970. The number of transcripts of records of births issued was 200; of marriages, 188, and of deaths 1160. The record contains the names of 15 persons whose age at the time of their death was said to be 100 years or more. Of this number but three were men, and all but three of the alleged centenarians were born in Ireland.

Obituary Notices.

—Dr. William K. Scott, an old resident and widely-known citizen of Buffalo, died January 5th, aged ninety-one years. He was a graduate of Dartmouth College, and afterward attended lectures in New York with the late Valentine Mott, and was the first physician licensed by the Censors of the State of New York, being nineteen years of age at that time.

—Dr. S. T. Brooks was found dead in his room at Greenville, Ill., on the morning of the 3d inst., with one hand roasted and a large hole burned in the floor. Appearances indicated the explosion of his lamp, but the fire had gone out, evidently for the want of air. The Doctor had numerous friends and relatives at the East.

—Dr. John Bonner died at the residence of his son, Dr. J. I. Bonner, in Fairfield, Texas, on the morning of the 14th of November, 1878, aged eighty-five years. Dr. Bonner had long retired from professional life, but during his prime was distinguished as a surgeon and physician. He was the last of his generation, leaving neither father nor mother, brother nor sister.

—Dr. Frederic Quin, who recently died in London, was one of the most agreeable of raconteurs and "consummate diners-out" whom London has seen since Mr. Canning. He was of Irish parents, but educated at the Edinburgh school of medicine. He inherited that sarcastic and apparently unconscious wit which is characteristic of his countrymen. Dr. Quin's bright, winning manners early marked him for advancement, and he was, when very young, selected as traveling physician to Prince Leopold, afterward King of the Belgians, and subsequently was named by Lord Liverpool to succeed Mr. Harry O'Meara as medical adviser to Napoleon, who was fretting out his life at St. Helena. But the news of the death of the fallen Emperor, on the 5th of May, 1821, on the very eve of his departure, frustrated this purpose. However, he had improved every opportunity offered him, and he was some time after appointed physician in ordinary to the Duchess of Cambridge. This office familiarized him with royalty, and he became the cherished friend of the present Duke of Cambridge and of the Prince of Wales. No dinner at the Duke's chambers in St. James' Palace, or a party at Sandrigham, was complete without "the Doctor's presence." His cheery manner and gifts as a raconteur made him a special favorite with the young. Dr. Quin was over eighty when he found a tranquil close to his pleasant life, at his chambers, at Queen Anne's Mansion. In London society his well-known face, form and figure will long be missed.

Statistics of Providence.

Dr. E. M. Snow says, in his last Report of the City of Providence—

The total mortality of the year 1878 was 1988, which is at the rate of 19.88 in each 1000 of the population. In 1877 there were 1938 deaths in Providence; in 1876 there were 1862; in 1875 the number was 1915; and in 1874 there were 1987 deaths, or almost exactly the same number as in 1878.

Diphtheria still continues quite prevalent in the city, though there is a decided decrease in the number of cases and in the mortality from the disease. The number of deaths in December, from diphtheria, was 8 less than in November.

Scarlatina is prevalent, though generally in a mild form. This disease will probably increase until spring, while diphtheria will decrease.

Resolutions of Respect.

The following resolutions were passed at the last meeting of the Abingdon (Va.) Academy of Medicine:—

WHEREAS, It has pleased the Great Physician of the Universe to remove from this world, the field of his usefulness, our highly esteemed and worthy friend, Washington L. Atlee, M.D., of Philadelphia, Pa., an Honorary Fellow of the Abingdon Academy of Medicine,

Resolved, That it is with deep and unfeigned regret that we chronicle his death—for the world has lost one of its greatest and best medical and surgical philosophers, teachers and practitioners; the city in which he lived one of its best citizens; the medical profession one of its most faithful and laborious members; this Academy of Medicine one of its most prominent and highly esteemed Fellows; and his family its noble, kind and affectionate head.

Resolved, That we tender the bereaved family of the deceased our sincere condolence and heartfelt sympathy in the hour of their great affliction.

W. F. BARR, M.D.,
GEO. E. WILEY, M.D.,
H. M. GRANT, M.D.,
Committee.

Abingdon, Va., Dec. 2d, 1878.

MARRIAGES.

PETERSON—COBB.—At Zion Church, Dec. 30th, 1878, by the Rev. J. N. Galleher, D.D., assisted by the Rev. William Staunton, D.D., Dr. Wilson Peterson and Emmeline F., daughter of the late Carlos Cobb, all of New York.

DEATHS.

JULIAN.—At Hoboken, N. J., Jan. 1st, 1879, John M. Julian, M.D., in the 68th year of his age.

VEDDER.—On Sunday, Dec. 29th, 1878, at the residence of his brother, Dr. Maus R. Vedder, No. 135 East 57th st., Alexander M. Vedder, M.D., of Schenectady, N. Y., aged 65.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1142.] PHILADELPHIA, JAN. 18, 1879. [Vol. XL.—No. 3.

Original Department.

Communications.

BRIEF HINTS ON THE PROGRESS OF OTOLOGY, FOR 1878.

The progress made in our knowledge of diseases of the ear, their pathology and treatment, has during the past year been decided and of value, both to the specialist and general practitioner.

Besides the two foreign journals* devoted exclusively to otology there is one published simultaneously in Germany and this country†, and still another one has been announced in New York. One new volume on the diseases of the ear in general has been issued in Philadelphia, and a new edition also of a similar older work has been republished in New York. All this amount of special literature would go to show a demand for a more perfect acquaintance with this important subject by the general practitioner. I shall not enter minutely into the subject, lest detail tire the general reader as well as monopolize too much valuable space in your journal, but I shall be content to jot down and criticise a few points of special interest and practical importance.

1st. "A Case of Cleft Palate with Acquired Deaf muteism. Staphyloraphy, with Recovery. By Dr. A. D. Alt, M. C. P., of Toronto.‡ This case is both interesting and instructive; first, owing to the extreme youth of the patient operated upon—he was only seven—and second, the great improvement of the patient's speech. By the operation the Eustachian orifices were protected against the relapses of middle ear inflammation which are so apt to follow from the entrance of obnoxious substances through the mouth and Eustachian tube. Great improvement followed the local treatment of the ears (patient had otitis media purulenta, with perforation of the left membrana tympani).

The tonsils and pharynx were hyperæmic, and there existed the same condition of the mucous membrane of the nose, especially around the orifices of the Eustachian tubes. Prior to the operation and treatment of the local difficulty the watch of the operator (which was heard at a normal distance of 20′) was heard at two inches on the right, and on the left side, only when pressed against the ear. While the boy understood his mother by watching her lips attentively, he could not understand the doctor at all. The first operation was performed on the 25th of September 1877, and a second, on the uvula, which had cut through, on the 23d of October. On the 15th of December the doctor discharged him, cured.

On the 28th of January, 1878, the following was his report: Medium loud voice heard in left side at 25′, right 20′; "the boy now hears and speaks well enough to go to school and do all the errands for his mother."

I would in this connection make but one observation, and caution those about performing this operation, *i.e.*, staphyloraphy. A close study should be made of the pharynx, Eustachian tubes and their muscles, that they may not be disturbed, for we must do more than simply unite the cleft, and employ local treatment, which in most cases is absolutely necessary. A clear idea of the topographical anatomy of the parts should be had, so that in the operation we may carefully avoid injuring the muscle of the Eustachian tube. It has fallen to our lot to meet with such a case in an

*Archiv für Ohrenheilkunde, and Monatsschrift für Ohrenheilkunde.

†Arch. Ophthalmology and Otology, Wood & Co., New York.

‡Vol. VI, Nos. III and IV, p. 589.

adult, where the surgeon, by his operation, almost completely closed the Eustachian tube of one side (where there existed a purulent otitis media with perforation), and it was only by powerful inflation that any air could be made to reach the middle ear and the hearing be thus improved.

The subject of testing the hearing of deaf persons is one of much importance to the physician who would make a successful diagnosis. The ordinary means at our command are the voice, watch, tuning-fork, and rods of Kœnig. The disadvantage of the voice is, that in slight degrees of deafness, it is of little value, while the watch has but two variable tones, and the intensity of these tones is very slight, and the patient's estimate of the hearing is with difficulty controlled. The objection to the tuning-fork as an exact test of hearing is, that the intensity of the tone is not determined, as we are not always able to strike a tuning fork with the same force. Tuning-forks, like watches, vary, both in pitch and intensity. Professor Politzer has undertaken the construction of a uniform acoumeter, which has been tested, and is thus described by an accurate and accomplished aurist, Dr. Arthur Hartmann, of Berlin, in a paper on "Hearing Tests and Politzer's Uniform Acoumeter."*

Dr. Hartmann states that "as the measurement of the sensibility of a nerve must be an impulse of determined intensity, we must employ, for determination of the perceptive power of the auditory nerve, tones of a given intensity." Careful experiments in this direction were made by "Schalhänel," who made use of a ball falling from a certain height, as a sound source. "Itard" invented a pendulum acoumeter, which consisted of a freely suspended copper ring, against which a pendulum with a metal ball strikes. The elevation of the pendulum could be measured on a graduated circle, and the intensity of the tone be thereby determined. "Wolke," a German, employed as a sound source an upright sounding board of fire wood, against which a mallet of oak wood was allowed to fall through a given space. Various other instruments have been constructed to test the perception for tones of different pitch. Most of these instruments are too complicated and impractical to come into general use.

Politzer having undertaken the construction of a uniform acoumeter, has found such an instrument must possess, as will be seen from what is above said, the following qualities:—

1. "The construction must be more simple and the manipulation less complicated than in former acoumeters.

2. "The intensity and pitch must be accurately determined, and the instrument must serve as a test as well for aerial as for bone conduction."

Politzer's acoumeter "consists of a steel cylinder, four millimeters in diameter and twenty-eight millimeters long, set in vibration by the blow of a small hammer, also of steel. The cylinder is fastened vertically to a small column of vulcanite, the hammer being freely suspended from a slot in this column by means of a pin. The lever of the hammer projecting behind and beyond, the vulcanite column can be depressed to a certain point, and then liberated allows the hammer to strike the cylinder from a certain height, thereby insuring a certain intensity of tone. Two half rings being fastened at either end of the vulcanite column, the instrument may be held between the thumb and forefinger, the middle finger being free to set the hammer in motion. A small disk is also fastened to the vulcanite column by means of a pin, and is used for testing perception for bone conduction. The whole instrument is so compact that it may easily be carried in the vest pocket, and its construction is so simple that it can hardly get out of repair." The price is five and a half florins, Austrian currency.*

The Politzer instrument has met, in the first degree, the demands previously given. Those who demand of an acoumeter that it should include a larger number of tones will not be satisfied with it. The principal value of an acoumeter is to be found, not in the means of determining the perceptive power as a whole, but in detecting slight changes which may occur from time to time, under varying circumstances, or as a result of treatment.

In our knowledge of "Mastoid Disease" progress has been made by the investigations of Dr. Arthur Hartmann,† of Berlin, with the results of numerous operations on the cadaver; an abstract is here given also.‡ Three rare cases are reported by Dr. L. Turnbull, two successful and one post-mortem. In the first case it appears the Doctor, even in his early cases, which he reported in 1862, had acted on the same plan recommended by Dr. Hartmann. In the table published by "Burnett," see p. 545, opt. cit., he omits all the cases from 1862 to 1864, but a more complete and perfect account

* "Archives of Ophthalmology and Otology," p. 603 opt cit.

* Optician Gottlieb, 12 Adlergasse, Vienna.

† Ueber die Perforation des Warzenfortsatzes von Dr. Arthur Hartmann, in Berlin, Separat-Abdruck, aus v. Langenbeck's Archiv, Bd. xxi, Heft ii.

‡ Transactions of Med. Society, State of Pennsylvania, vol. xii. Part i, Collins, Phil., 1878.

will be found given by "Schwartze and Eysell," Archiv f. Ohrenh. Bd, 1, N. F., 1873. The same omission is made by Roosa in his fourth edition, and neither of these gentlemen, in their works, refer to Hartmann's investigations. A valuable monograph has been published by Dr. C. Miot, of Paris* (a gentleman who is well known by his contributions to the subject of otology), on "Tenotomy of the Tensor Tympani Muscle," and his conclusions on p. 41 are very favorable to the operation in relieving aural vertigo, tinnitis aurium, also certain forms of nervous deafness. The author gives a historical sketch, in which he gives due credit to Hyrtl, in 1874, as being the first who suggested the operation, and performed it in 1868. Then follows the numerous and careful operations of "Weber-Liel," of Berlin, Gruber and Franks, of Vienna, and he fails not to do justice to American operators, Dr. White, of Baltimore, Professor Calhoun, of Atlanta, Georgia, and Doctor Turnbull, of Philadelphia.

On April 27th, 1878, Dr. Laurence Turnbull delivered, before the class of Jefferson Medical College Hospital, a useful clinical lecture on "Congenital and Acquired Defects of the External Ear,"† Exostoses of Meatus, concluding by a description of a frequent but not well recognized disease, Desquamative Inflammation of the Auditory Meatus, and following "Wendt's" admirable description of its extension into the tympanum and mastoid.

A subject of special interest is that of "vertigo," which has been recently investigated by Dr. Woakes.‡ The phenomenon of labyrinthine vertigo, the one we are most interested in, an irritation of the inferior cervical ganglion, is due to disordered circulation in the labyrinth through the vaso-motor nerves of the vertebral artery. The labyrinth of the ear is supplied entirely from the vertebral artery, and discharges its veins into the superior petrosal sinus while the tympanum is supplied by branches of the carotid artery, and discharges its veins into the internal jugular. The bromide of potassium, sodium, calcium, and hydrobromic acid, as well as the hydrobromic ether, have the power of diminishing this vascular innervation and reducing the calibre of the vessels and the flow of blood. Dr. Woakes narrates several cases where the internal administration of hydrobromic acid has produced favorable results. In our experiments we can corroborate these good results, also the good effects of the hydrobomic ether,* both as a local and general anæsthetic, as well as in relieving those distressing subjective noises. These means should be employed to relieve the patient from the noises and deafness in connection with local treatment of the ears, which are very rarely free from some accompanying disease associated with the tinnitus aurium.

In the treatment of otorrhœa, Professor Gruber, of Vienna,† suggests some new methods of applying old remedies. In narrowing of the meatus he recommends pledgets of charpie, or bougies of laminaria smeared with simple ointment. In otorrhœa from inflamed drum membrane, he has employed an artificial membrane of linen applied to the inflamed membrane, covering the linen with ointments of oxide of zinc, red oxide of mercury, etc., in varying proportions; also, in cases of exudation and swollen tympanic mucous membrane, he employs "Hart's" gelatine globules or wafers, prepared, as they now are, with sulphate of zinc, tannic acid, biborate of soda, carbolic acid, and nitrate of silver, in the varying proportions of from 1–10 in 100.

The subject of "Diseases of the Ear from Bathing" was first prominently brought before the profession at the International Medical Congress, by Dr. L. Turnbull, of Philadelphia, and a paper was read by him showing its importance, which, after an animated discussion, was approved of, and the discussion and paper were referred for publication. Only the paper was published, which was unfortunate, as much valuable experience was thus lost; but we are happy to state that Dr. Samuel Sexton,‡ of New York, took the subject up, and in a most thorough and complete manner has given the results in full to the profession. He shows the frequency of aural disease from bathing, both in salt and fresh water; how the ear is attacked, treatment, etc.

The same authority‖ reports a clinical lecture on "Accumulations which Obstruct the External Auditory Meatus," with the etiology, character of the accumulations, duration; also the symptoms producing irritation of the nervous apparatus of hearing, etc., with many new and interesting facts

* De la Ténotomie du Muscle Tenseur du Tympan. Par Le Dr. C. Miot, Professor of Otology, etc., etc. Avec 11 Figures dans le Texte. v. A. Delahaye et Cie, 23 Place de L'Ecole de Médecine. Paris, 1878, pp. 54.

† Medical and Surgical Reporter, April 27th, 1878 (Philadelphia, D. G. Brinton, 115 S. Seventh Street), p. 327, No. 1101. Vol. xxxviii, No. 17.

‡ *Lancet*, Feb. 9th, 1878. *British Medical Journal*, March, 1878.

* Trans. Med. Soc., State of Pennsylvania 1878.

† *Allgemeine Wiener Med. Zeitung*, Nos. 1 and 2, 1878.

‡ *The Medical Record*, vol. 13, No. 118. New York, May, 1878. Wm. Wood & Co.

‖ Practical Otology. Being a clinical lecture delivered at the New York Ear Dispensary, by Samuel Sexton, M.D. *Medical Record*, vol. xiv, No. 7. New York, August 17th, 1878.

in reference to an old, dry subject. It is sometimes difficult to introduce fluids charged with medicated remedies, and to overcome this, Dr. James Keene,* Aural Surgeon to Westminster Hospital, etc., has invented an instrument for an improved method of introducing fluid remedies into the tympanum, and published a small pamphlet, and has kindly sent one to the writer. As, however, our difficulty has been more in the introduction of the Eustachian catheter, not the fluid, on account of broken noses, etc., we cannot enter into the doctor's feelings, but will describe his instrument, which he illustrates by a drawing. It is a small vulcanite syringe, made to contain about fifteen minims of fluid; it has a capillary gold tube, through which the contents of the syringe are conveyed to the catheter, this is connected to an adapter which has an opening into the catheter and one downward into the fluid, like a spray arrangement; a tube enters the inflating arrangement to this lower opening, and a current of air in its passage over the end of this capillary gradually exhausts the fluid contents of the syringe, which are converted into spray before entering the tympanum. I have also received two practical pamphlets from Dr. Arthur Hartmann, of Berlin, two brief extracts from which I have only space to call to the attention of those interested in the subject, which have been translated and published in the journals.†

"The Treatment of Chronic Aural Discharges."‡ This subject I have already referred to, by "Gruber." In the pamphlet before us, of ten pages, taken up with matters well known (or should be) by the profession, washing out the ear with care, etc., the result arrived at in the Doctor's experiments is the discarding of his old remedy, salicylic acid and chalk, which a gentleman of Washington, D. C., improved by substituting starch, instead of the insoluble chalk mixture, with the acid. Now, Dr. Chisholm has founded all his hopes on the oldest remedy known for otorrhœa, namely, aium, discarded long ago by the aural surgeon, because it produced abscesses in the ear. In his practice he states he has ceased to consider chronic aural discharges an obstinate disease; for, under thorough cleansing and the insufflation with alum or tannin, he finds they yield more kindly to treatment than any other bodily affection that has been of long continuance. Now, the best and most reliable authorities state that chronic otorrhœa is one of the most tedious affections they have to treat, no matter how careful or with what remedy they are treated, and it often requires months of treatment with various remedies.

The success of a special work* does not always depend upon its merits; it often depends on its author being a professor in a medical school; or on the bookseller, who is active and energetic, pushing his books into every available market, perhaps owning a journal, and watching with care the reviews of the work, that is placed in the hands of those who not only will do the book full justice, but overlook even mistakes and grave inaccuracies, so as to receive like favors for themselves; therefore, when a reviewer is called upon to review a work in its fourth edition (no matter how many the editions are in number), it is difficult to do it justice; still it is necessary, for the information of the general profession, that this should be done, else the review is of no benefit to them.

Now, the work before us is an electrotyped work, which is an objection to it, as changes are difficult and expensive to make; and when we compare it with the first edition, we find, with a very few exceptions of cutting out a little and adding a little here and there, that the work is the same as the first edition, except that portion on Diseases of the Internal Ear. To show that the author has not even gone carefully over it, as he should have done, we would refer to the prescription on page 305, where iodine is directed to be dissolved in a "half per cent. solution of iodine," instead of iodide of potassium, which was intended. The table on page 349 is also incorrect in its percentages, and the illustrations are a disgrace to the present advancement in drawing, coloring, and wood engraving, comparing it with our new medical works. The illustrations on pages 95 and 96 are simply disgraceful, both to the author and publisher. There are other matters which impair very materially the usefulness of the work; as, for instance, figure 13; it is entirely unfitted for the use of the student, to direct him where the tympanic membrane is to be sought for. In the second part, "Diseases of the Internal Ear," the latest views are not recorded with respect to the relations which the planes of direction of the semi-circular canals have to their function of enabling us to appreciate movements in the various directions; and M. Cyon's† observations of the relations of the otoliths in the ampullæ and the fluid of the semicircular canals, to the periorbital muscles and

* Hardwick & Bouge, 192 Piccadilly, London, 1878.

† Beitrag zur Lehre von der Ozäna. Schwerhörigkeit bei Kindern verursacht durch chronischen Naseurachencatarrh, Berlin, 1878.

‡ Dr. Chisholm, Baltimore, Md.

* "A Practical Treatise on the Diseases of the Ear." By D. B. St. John Roosa, M.D." Fourth edition. Wm. Wood & Co., New York, 1878.

† Paris Académie des Sciences, Dec. 31st, 1878.

visual vertigo, which we have before referred to. Tinnitus aurium, which in his prior editions received no attention at his hands, has but little or no light thrown upon it, although it is alluded to under at least eight different heads. The idea is still maintained, that it is the result of an irritation of the acoustic nerve by the various morbid processes which affect the middle ear and labyrinth. He makes no reference to Itard, and other French observers, who teach that tinnitus is due to trophic affections of the fifth nerve, producing subjective sounds precisely analogous to those visual sensations in which the peripheric organ of sight takes no part. No mention is made of the investigations of Dr. Richardson*, of London, who calls attention, among the functional diseases from the abuse of alcohol, to subjective noises in the ears as one of the symptoms often present with alcoholic dyspepsia, muscæ volitantes, vascular changes in the skin, etc. These noises are caused, he says, by reduced vascular tension, especially of the internal carotid artery, and that he has known such complete and prolonged relaxation of the artery, that for months together it revealed one continuous murmur, compared to the sound of a torrent of water, or the grinding of a mill, or the whistle of a steam engine.

No notice is taken of "Gruber's" method of washing out the tympanum through the nostrils and Eustachian tubes, when the membranes are absent, which has been revived by Weber-Liel, and found so useful; and Weber recommends the cleansing the naso-pharyngeal space with weak solutions of bicarbonate of soda, while our author still adheres to the risky plan, according to his own showing, of using solution of chloride of sodium. We see no account of Gruber's method of making the patient pronounce the words, "hack, heck, hick, hock," for the purpose of inflating the middle ear, which is an effectual and pleasanter way than the old, swallowing of water, process.

(To be Continued.)

THOUGHTS ON MIDWIFERY, No. 2.

BY HIRAM CORSON, M.D.,
Of Conshohocken, Pa.

When my former paper was sent to the REPORTER, it was my intention to follow it by another, on post-partum hemorrhage, suggested by the papers read before the society by Dr. Wilson, of Baltimore, and Prof. Penrose, of Philadelphia, and by the discussion to which they led. I now prefer to pass by that subject, and comment somewhat further on the lacerations of the cervix uteri and perineum which occur so frequently during labor. The opinion so boldly announced by several of the eminent men who participated in the discussion, and who, I may add, were nearly all teachers, "that the use of the forceps was not so likely to cause bad results—such as the lacerations referred to—as the allowing the labor to continue its natural course," though delivered by "those having authority," was not new to me; for I had heard it time and again from lips of young graduates, fresh from the colleges in which those professors teach. All over the State we have practitioners of only a few years' standing who talk as flippantly—I should have said as authoritatively—on the subject, as do the teachers whom they so reverently follow. It does not seem to have occurred to them that a teacher of midwifery may be in error, or ride a hobby too long and too hard, and lose his way. There are in all great cities where medical colleges are located many practitioners of medicine who are as experienced in midwifery and as skillful in all its branches as the professors in the colleges, who often furnish valuable essays to the medical and obstetrical journals, but their writings fail to make much impression on those who have recently received instruction at the colleges. They regard their "old Professor" as the highest living authority; his practice as the embodiment of the advanced, orthodox practice of the times. How great, then, is the responsibility of those who train young men, hundreds of them annually, to go forth as aids to those who are to suffer the perils of childbirth. I am well convinced that the teaching of midwifery in our medical schools during the last ten years has been of a kind productive of disastrous results, and it was, therefore, not pleasant to discover that a number of the prominent men of the society of which I have spoken were deeply indoctrinated with the belief that the womb is a very inefficient and wayward organ, which can rarely be confided in to effect delivery; "that it is cruel to let the woman suffer," and that the forceps are safer than nature. And here allow me to say that those who held this belief were, almost without exception, teachers of medicine. No wonder, then, that the very air of our State is filled with it.

Since I last wrote I have been present at an operation by Dr. Goodell, at the University Clinic, on a poor woman who had suffered for several years from ulceration of the cervix uteri. What she had suffered during those years no one not thus afflicted can imagine. Would that every man who practices midwifery could read the graphic description of such a patient's condition,

* Diseases of Modern Life.

given by Dr. Goodell in his address on Obstetrics, before the State Medical Society, and published in its Transactions for 1878. If, after having read that paper, he could, in his subsequent practice, "hurry up" a labor, to save time to himself, or through a desire to see whether he could "effect forcible dilatation" and "deliver at the superior strait," or from fear of convulsions or hemorrhage, then he would prove himself unfit for his calling.

I have intimated that the unnecessary meddling with cases which are progressing in a natural way, by using various means to dilate the mouth of the womb, and then to urge the uterus to more powerful contraction by the use of medicine, or to resort prematurely to the forceps, is the main cause of lacerations of the cervix uteri and perineum. Is there good ground for this belief? In the address of Dr. Goodell, already referred to, he says: "The cervix uteri often gives way during labor, far more frequently than it ought, far more frequently, indeed, than it would, were nature allowed to take the lead. In these busy days there is unfortunately a tendency to urge on labor, more, I fear, for the sake of the physician than for that of his patient. The means used for this purpose are early rupture of the membranes, administration of ergot, and use of the forceps before the os uteri is dilatable." I might quote, to the reader's advantage, the much more that he has on this subject, but let this suffice.

In looking over the report of Lycoming county, published in the *Transactions*, I find the following from Dr. G. D. Nutt, of Williamsport. "Within the past six months I have been consulted in four cases of ruptured perineum. In two the sphincter ani was involved, giving rise to periodic diarrhœa. One of these cases was treated, during six months, by her physician. The case was cured by an operation. The other case has been suffering for five years, and was attended for two years by her physician without suspecting the cause. The amount of suffering this woman had endured, to say nothing of her uncomfortable and disgusting condition, is enough to awaken the sympathies of the most indifferent."

Such is Dr. Nutt's published report. Four cases within six months, in a mere country place; and they suffered greatly. Now, were these unavoidable lacerations? I think not. If the mother had been let alone, not interfered with by a meddling doctor, who had been taught that it was cruel to allow a woman to suffer the pains of a natural labor, that the labor could be shortened, many hours, by forcible dilatation of the os uteri, or by the application to it of belladonna, or by flooding it with hot water and then resorting to the use of the forceps, even though it were "high up," there would most likely have been no lacerations. But this is only my supposition. To learn the facts I wrote to Dr. Nutt, and he kindly sent me this answer: "I am happy to give you the desired information. In two of the cases *the forceps were used, and were, I think, the cause of the trouble;* for, from the patient's testimony, the doctor was in a great hurry, and hurt her very much. Of the other two, one was given ergot, and the other was given ergot and the forceps used too. Since writing the report another case has fallen into my hands, caused by the use of ergot. In writing of these cases I will not omit a case of my own which happened to me some years ago, in my earlier practice, and which opened my eyes to the danger of using the forceps. In order to deliver the woman quickly I used the forceps, and thought my labor over, but after four weeks' attention I made an examination and was surprised to find an extensive rupture of the perineum; although the case has been partially relieved by an operation, yet I have never forgotten the lesson I learned through bitter experience."

Such is the statement of Dr. Nutt, and it really seems to make positive what with me was only supposition, namely, that these four women were maimed for life because of a meddling doctor, or doctors, who were in a hurry. I have no words to express properly my contempt for the doctor who would endanger the life and destroy the health of a woman in her hour of peril because he was in a hurry; so, for the present, will let it pass. But what have we here, from a single physician of a small town, where there are several other physicians, probably quite as eminent, and as likely to be resorted to for the relief of such injuries? Five cases of laceration of the perineum in a few months. If the others could make like reports how numerous must the cases be in a single county. And what the cause? Meddling. Not one of the six was unavoidable. The doctor, in a hurry, disregards the fact that the time for interference has not arrived, and reckless in relation to what might happen to the mother and the child, commits an act on which he plumes himself as having proved his ability to shorten the duration of labor many hours, which his teacher had told him might be done with greater safety to the patient than if she were allowed to depend on the slow, painful efforts of the womb.

This statement from Dr. Nutt almost frightens me. It is far worse than I had believed the facts to be, and yet it probably does not come up to the whole truth, for it speaks only of laceration of the

perineum, and if we could follow that hurried doctor, and ascertain the extent of the injuries which he has inflicted, we would probably find that in addition to the injuries to the perineum, the cervix uteri had oftentimes suffered. We would no doubt be able to discover that some patients had died after confinement, from peritonitis, the result of laceration of the cervix uteri, an injury which he had not suspected; for Dr. Goodell says, "If union of the lacerated cervix should not take place, dangerous inflammations will occur." This injury is rarely suspected by the accoucheur, and yet so frequently does it occur, that one writer states that of the women who apply to him for treatment of uterine disorders, forty per cent. exhibit lacerations of the cervix uteri; and our own Dr. Goodell "infers that about one out of every six women suffering from uterine trouble has an ununited laceration of the cervix; and as an evidence of its frequency I may add, that I have operated for this lesion eighteen times within the past twelve months." I pause a moment, to say that this address by Dr. Goodell, which is hidden away in our "Transactions," should be published in every medical journal on the continent, as a warning to doctors against haste and recklessness.

If the disasters to which I have alluded are the results of erroneous teaching, and if the experience of Dr. Nutt and Dr. Goodell are true indications of what are occurring all over the land, who can compute the number of lacerations produced annually, or have a just conception of the amount of suffering entailed on the women of Pennsylvania by erroneous teaching? I say erroneous teaching, for do not we follow masters—masters teaching in New York, Buffalo, Philadelphia, Baltimore, Boston, etc.? We distrust nature; we fear that we may wait on her too long, or that "something is wrong," or that "the woman is being worn out;" and, deeply impressed by the teaching that the forceps are easier, safer and more efficient than the natural forces of the patient, we resort to them hours before an experienced practitioner would consent to use them.

Teachers are prone to lay down positive "rules," and to so magnify the dangers of any departure from a rule, that young men are all the time on the watch for diasters. An example of this was given during the discussion in the Society, when a professor "regarded the most important point in Dr. Emmet's paper to be his statement with reference to the exact time when the forceps should be used, and that was immediately when the head ceased to recede after the occurrence of a pain. In that respect the time was definitely fixed, and was a most practical teaching. A delay of fifteen minutes at that time was *dangerous*, and the patient was placed in the *greatest peril* unless delivery was speedily effected." What other accoucheur, of even ordinary experience, would be willing to say that the woman was then in the greatest peril? If in so great peril in fifteen minutes, was she not in peril in ten minutes? Why wait at all? A young man thus taught would feel it to be incumbent on him to be constantly on the watch, to feel every pain and determine positively whether the head receded or did not. He thinks it does not recede; he is alarmed; he remembers the words of his teacher, "the woman is in the greatest peril," and then, in all haste, regardless of the condition of the patient, who is unconscious of danger, and exhibits no sign of sudden change—indeed, of any change at all—proceeds to deliver speedily; a delivery which, in the hands of a skillful, well-practiced man might terminate well, but which, in the hands of a frightened, inexperienced one, would likely result in a laceration of important tissues.

Let us suppose, now, that the declaration alluded to had been made in that meeting by any one there not a professor, say by Dr. Ellwood Wilson, or Dr. Albert Smith, or Dr. Goodell, any one of whom is equal in skill and experience to the author of it; in that case it would have worked but little mischief; the few persons present were men able to put it face to face with their experience, and to decide on its value; and after that it would have been hid away in an obstetrical journal, perhaps, and would have reached scarcely one in a hundred of the physicians of our country. But not so when it is the utterance of a teacher of hundreds of young men. What was said in that meeting will be impressed on the minds of these coming doctors, most emphatically, in his course of lectures this winter, and they will carry it with them into every State in the Union. If it be true that danger so imminent threatens the patient, and that to use the forceps at once is her only safety, then it is well. If not, then no one can measure the extent of injury wrought by it.

My experience, in cases which are numbered by thousands, is not in accord with that declaration, and it was, therefore, pleasant to know that Dr. Barker, of New York, "regarded it a very uncertain rule to resort to the use of the forceps when, in the interval of uterine pains, the head ceased to recede."

It would seem, from what I have written, that I am wholly opposed to the use of them. I am not. To me they are of inestimable value, and I incline to the belief that, even in Dr. Nutt's cases, a skill-

ful man, not in a hurry, might have used them without doing harm; and yet, very likely, nature could have done it better. In my next paper, on Post-partum Hemorrhage, I hope to show that professors of midwifery, not alone of this or that particular school, impress so strongly on the minds of their students that fearful perils environ the lying-in woman, and attend every step of the labor, that they are, through fear for her safety, impelled to interfere with even the most natural and safe ones.

CASE OF EXTRA-UTERINE PREGNANCY.

BY FRANKLIN HINKLE, M.D.,
Of Columbia, Pa.

I was called, June 23d, 1876, to visit Mrs N. C., of Marietta, Pa., aged twenty-three years, married one year, who I found enceinte and laboring under violent peritonitis, the result of right tubo-ovarian pregnancy of four months.

She became pregnant about the middle of February. At this time she witnessed an accident to a young man of her acquaintance, who was killed on the railroad, in front of her door. After this she experienced a great nervous shock, giving rise to a slight catamenial discharge, and from that time until I was called in she had been more or less indisposed. With proper treatment peritonitis was allayed, and she recovered, July 10th. My diagnosis was based upon the following facts: Patient had a slight sign of the catamenial period. After this she did not menstruate, but had, at irregular periods, a reddish, watery, vaginal discharge. Her digestive organs were very much disturbed by nausea, and an immoderate appetite for indigestible food, and she had a special longing for lemons. Thus the first two months passed, with the usual sufferings attending pregnancy.

In April, May and June, and at last weekly, she would be taken, in an instant, with excruciating colicky pains in the region of the right ovary. A fixed point, as she said, for the pain seemed to come from a spot not larger than a silver dollar, and continued for hours, and sometimes for days. The bowels now became constipated, never moving except by purgatives or enemata, and she suffered for some days the most excruciating pains in micturition, which were relieved by hypodermic injections of morphia and atropia.

The gradual enlargement of the breasts and the discoloration around the nipples were found to correspond with the pregnant condition. In the latter part of summer the breasts became fillled with milk.

Examination showed the uterus enlarged to the size usually found at the third month, but high up, and it was with difficulty that the os could be reached with the index finger. The vaginal wall was pressed heavily forward to the right, by a large sac filling up the entire right sacro-iliac fossa, and dipping deep into the pelvis. The right and external wall and inferior part of the sac were firm, and of a doughy feel upon pressure, while the anterior superior wall was thin, as though nothing but the wall of the vagina interposed. The contents of the sac could be distinctly felt, and in August I was positive that I could feel the head and extremities of a fœtus. This, with the pathognomonic signs—the sudden colicky pains in the right ovary, with the bloody, watery discharge; the enlarged uterus filled with the membrana decidua, while the right side was filled by the fetal tumor; breasts enlarged and filled with milk, comprised my cautious, though positive diagnosis, given in the fifth month of her pregnancy.

August 29th, on account of exposure, she had another slight attack of peritonitis, from which she recovered September 7th, and from which time I did not see her again until November. Nov. 20th she was taken with labor pains; had natural discharges from the uterus, of liquor amnii, which was tinged with blood. After suffering all night she was seized with violent spasms.

Prior to this, through the months of August, September and October, she had felt the movements of the fœtus, but after the spasms they ceased. I then strongly advised the family as to the propriety of an operation, but without success. January 1st, 1877, she was again seized with a chill and peritonitis.

Her family physician attended her up to the 17th instant, when I was again called. I found her with a dead fœtus in the abdominal cavity and suffering from peritonitis, which continued up to February 1st before it was checked.

During this month she lay in a prostrate condition, suffering from diarrhœa, and discharging feculent, mucoid matter, due to the discharge of portions of the dead fœtus. Her constitutional symptoms were very grave. She was extremely emaciated and in a cachectic condition, with very feeble pulse. Although orders had been left that all fecal matter discharged should be kept for my inspection, I found that several evacuations were thrown out without my seeing them.

March 3d, she passed a large fleshy mass, together with the left femur, which dropped into the chamber, and first called the notice of the nurse to the fact.

Three days later I visited my patient, prepared to operate, but found that she had had a chill

during the night, followed by a heavy, cold perspiration, with feeble pulse, which continued for nearly twenty-four hours. I, therefore, deemed it imprudent to operate, and was compelled to use powerful restoratives to resuscitate her.

March 10th. She passed, per rectum, the iliac bones, sacrum and seven lower vertebræ, with the intestinal tube and thoracic viscera, *en masse*.

The following day she appeared better. Sp. gr. of urine eight below normal, pulse 89, soft and compressible, and appetite improved. The remaining fetal bones could be distinctly felt through the abdominal parietes, and fearing another attack of peritonitis, I performed the operation of gastrotomy March 12th, at 11.30 A.M., assisted by J. Agustus Ehler, M.D., of Lancaster, and my student, Mr. Houston Mifflin.

I considered the operation of gastrotomy necessary, for the reason that the greater part of the fœtus had passed through the abdominal canal, and therefore, thought there must be a fistulous opening through the rectum, and very probably I would find the remainder in the abdominal cavity, as the bones could be distinctly felt, and I believed her past sufferings were all owing to this cause.

An incision was made, five inches in length, through the linea alba, from the umbilicus downward. I found the peritoneum much thickened, and considerable serum escaped from the incision. In the ascending colon were a number of bones lying obliquely across the canal, which acted as a barrier, preventing any rectal discharge, and no portion of the fœtus remained in the abdominal cavity; all had found their way into the intestine, and the fistula was closed. I then requested my friends to make an examination, and they concurred in my opinion. I thought I would not be justified in opening the intestine, so, after separating the bones along the intestine, I closed the wound. She rallied after the operation, had no inflammation, and the parts healed kindly. March 13th, she passed a comfortable night, suffered less pain than before the operation, no fever, pulse good, stomach weak and only able to take liquids.

The remaining bones did not pass per rectum, and could not be detected afterward. I regret now that I did not open the bowel and remove them.

Patient made a good recovery from the operation, but on the night of the eleventh day after the operation she had a violent chill, with fever and sweats.

On the 13th day she vomited and spat purulent matter. It was a septicæmic abscess of the lung which caused death, about eleven days after the operation.

My patient should have let me operate soon after her recovery from the labor which left the fœtus free in the abdominal cavity. The case was of the tubo-ovarian variety of extra-uterine pregnancy, from the fact that the liquor amnii passed off per via naturales, with hemorrhage, and I think that the shock she sustained from the fright, occurring at the time the ovum was on its way to the uterus, induced a spasm of the tube and detention of the ovum. Hence the cause of the abnormal pregnancy.

Hospital Reports.

PHILADELPHIA HOSPITAL.

CLINIC OF DR. JOHN H. BRINTON, DECEMBER 14th, 1878.

REPORTED BY DR. W. M. ANGNEY.

Sprains.

GENTLEMEN:—I wish, this morning, in the first place, to invite your attention to the subject of sprains. These injuries, as you know, are exceedingly frequent, and are rather lightly regarded by the community. "It is only a sprain," is a common expression, and a sprain is considered as scarcely deserving of sympathy; and yet, gentlemen, I can assure you that a sprain is sometimes a most serious matter, involving not only present suffering, but often followed by chronic lameness and wearisome impairment of the function of the parts. I use the word wearisome designedly, for, indeed, it applies not only to the patient, but to the surgeon also. Recovery from a bad sprain is at times painfully slow; the sufferer loses heart, and may be almost pardoned if now and then his faith in his professional adviser be shaken.

Now, gentlemen, what is a sprain? It is essentially a strain, or wrenching, or twisting of the tissues which surround a joint, involving alike the ligamentous fibres, the fibrous capsule or involucrum, the tendinous cords, the synovial prolongations and sheaths, and I suppose also the muscular structures, where such exist in the neighborhood of the articulation. The sprain may involve some or all of these tissues, and may vary in degree from the slightest abnormal stretching up to laceration and divulsion of the parts. You all know the characteristics of a sprain, and I am sure I need only refer to such an experience as an ankle "turning under you" to bring vividly to your minds the salient points of such an injury.

The first and most prominent of these symptoms is pain. This varies in degree, according to the amount of violence and the nature of the joint. The sprain of a tight, compact joint, such as a hinge joint, is greater, ordinarily, than that which is experienced in a like injury of an orbicular joint, and you will readily understand why this should be so. The tighter the tissues, the more tense they are normally, the more will they be stretched and lacerated by a given amount of force. On the other hand, the looser they are, the greater the degree of normal motion in every

direction, the less likely is lesion of the joint structures to happen. Thus it is that the hinge joint suffers more than does the ball and socket joint. The pain of a sprain, therefore, varies; it may be very slight, or it may be intense, almost unbearable. Oftentimes it is of a nauseating character, especially, I think, when the violence has fallen upon lateral ligaments.

Another symptom is the swelling which accompanies a sprain. If you examine a joint, say an ankle joint, immediately after such an accident, you will find that there is good deal of extravasation. Blood has escaped freely into the tissues below the malleoli, and the parts are puffy and discolored. In a little while effusion of serum occurs, the front of the ankle and the dorsum of the foot become infiltrated, and the skin appears tense and shiny. Impairment of motion is another symptom of the injury. You would naturally expect that this should be so, as an accompaniment or sequence of the symptoms just referred to. The joint is usually very tender, and immovable; that is to say, the patient cannot move the articulation; it hurts him to do so, and therefore, he will not. Nevertheless motion is there, and may be developed by the surgeon's manipulation, either with or without the administration of ether. This is an important point, and must not be overlooked in arriving at a differential diagnosis as to the existance of sprain, fracture, or luxation.

What is the treatment of sprain? The first duty of the surgeon in such a case is, of course, to establish his diagnosis. If necessary, as I have just said, anæsthesia may be demanded. The sprain, however, once determined upon, the treatment may then be divided into the acute and chronic. The usual and prominent features in the former are, rest, and the antiphlogistic applications of cold water, lead water, lead water and laudanum, and other like local agents. They are all very good, and you will find them very useful. But there is one application which I will tell you of, and recommend to you; it is the use of hot water. I do not know that it is particularly new, but I am sure that it is not in as general use as it might be. A good many years ago I was, one morning, passing a theatre, where, standing on the steps, I saw that most excellent surgeon, since gone, Dr. Paul B. Goddard. He called to me, and asked me if I knew how to treat a bad sprain, adding, "come in, and I will teach you something." I went in, and then found that a star foreign actress, a large, heavy woman, had just turned her ankle, was suffering greatly, was unable to take her part in rehearsal, and it was feared would not be able to sustain her rôle in the evening's performance. Dr. Goddard directed her to place her foot and ankle in a bucket of hot water, when more hot water was slowly poured in from a kettle, until the highest endurable temperature was reached. The limb was then retained in position for some fifteen minutes, the pain gradually decreasing until it passed away. As the pain vanished, the motion returned, and the lady was enabled to play her evening's part without a limp, and without pain. This case made a great impression on my mind, and I tell you the anecdote for the sake of the moral contained, viz., the early use of very hot water in sprains, particularly of the ankle joint.

Unfortunately all sprains do not come to such speedy and satisfactory termination. In many cases the tendency is to become chronic. The case lingers on; if it be a sprain of the ankle of the knee there may be entire comfort when the part is at rest, but a recurrence of pain on walking. Or, in some cases, the patient may be able walk for a little while without material inconvenience, and yet find, later, a return of shooting pain. Or, again, partial motion of the joint only may present, extreme flexion or extension being accompanied by suffering. What does all this mean? Simply this, that a secondary inflammation, a lesser or greater degree and extent, has taken place, and the indication of treatment must be found in rest; not occasional, spasmodic rest, the patient's option and caprice, but *absolute rest*. In my own experience I have found that this can be best obtained by the application of a permanent dressing—the starched bandage, the gutta percha splint, or the silicate of soda dressing. In ordinary cases I prefer the latter. The gutta percha splints are expensive, and are apt to become brittle and crack. The starched bandage takes too long to harden. The silicate of soda seems to me almost perfect. I use it very frequently, and I will now show you how it is to be applied.

Here is a patient who some time since fell and sprained his ankle. Immediately afterward he had all the symptoms I have described, and he has been confined to his bed for some weeks. The strictly acute symptoms have, however, now passed away, but, as there is yet some lingering tenderness and pain upon motion, even when effected passively, I have determined to put the part at rest by the use of the silicate of soda dressing. Notice how this is made. I first apply a roller bandage from the toes to the knees, and over this I paste, if I may use the word, a series of short strips of bandage, or muslin, saturated with the solution of the silicate, until the whole limb is surrounded with a coating five or six layers thick. Over the whole I then apply another dry roller, and allow the dressing to dry, which it does in fifteen or twenty hours. When the apparatus shall have become firm and solid, I shall cut it down the front of the leg, with these strong pliers, made for the purpose, and take it off. I shall then bind the divided edges of the splint with a silicate strip, and run a single strip up the inside, to prevent the reverses of the firm roller from being displaced. The splint will look like this one on the table, which was removed some time since, from a patient in private practice. What use will I make of this splint when once it is finished? Just this; I shall have it applied by an ordinary roller bandage; let the patient walk at first with crutches, and afterward with a cane. I shall direct this splint to be removed daily, the limb douched with cold water, and then the splint reapplied. He will easily manage all this himself, and will soon become very expert in the management of his leg. This treatment will be continued as long as there is any tenderness around the articulation. The object of my endeavors is to enforce perfect rest of the joint until the chronic inflammation and effusion shall have disappeared, and this is the only secret of the treatment. If at any time, in following out this plan you should detect any tendency to unusual stiff

s of the joint, you should make gentle passive tion daily, or, if you choose, you may direct systematic massage which has recently been much resorted to in chronic surgical troubles, l which at times almost seems to work wonders.

Erysipelas.

I will next bring before you two patients suffer- from erysipelas. The first of these is a laborer, rty-eight years of age, Irish, and unmarried. tells us that he is a sober man and not addicted drink, at all events to any excess, and that he s recently been working very hard, on the rail- d. During this time he says that he has been posed to cold, but that he has received no fall, other mechanical injury. Yet he is evidently ffering from serious trouble; notice, if you ase, his face and scalp. You see that they are eatly swollen, his face is dusky red and distended, ting upon pressure; and the tumefaction in- lves the upper and lower eyelids of each side, so almost to close the eyes. The palpebral con- nctivæ are inflamed, with purulent secretion. he lips are greatly increased in size, and so, also, e the ears. On the latter the skin is tense and ining, the lobule is enormously swollen, and the tegument of the concha almost occludes the ening of the external meatus. On portions of e face you may notice little vesicles; in some ots they have burst and the torn cuticle forms all, rough eminences on the inflamed skin. is condition is feverish, his temperature is high, rying from 102° to 103°, and he complains of a rning sensation over the affected parts. His tellect is clear, and he answers rationally ques- ns put to him. He can assign no cause for his ouble; he attributes it to cold and exposure, and e has not been near any one similarly affected. ow, what is this disease? Manifestly erysipelas, the œdematous type.

Here let me say a few words to you concerning rysipelas, for it is one of the diseases too fre- ently met with by the surgeon, and, as you can adily imagine from the appearance of the case efore you, is one well calculated to excite alarm n the minds of a patient and his friends.

Erysipelas is usually defined to be an inflam- nation of the skin, involving to a greater or less xtent the subcutaneous tissues, and with a marked endency to extend and spread rapidly. The isease may present itself as simple erysipelas, hen the inflammation is confined to the skin roper; œdematous erysipelas, when there is narked effusion of serum, as in the patient before s; and phlegmonous erysipelas, in which the ellular and fatty tissues are largely involved, ith a strong tendency to suppuration. Another lassification is into idiopathic and traumatic rysipelas. The former arises chiefly from con- titutional causes, while the latter is the result of ocal disturbance, following operation, injury, or pen wound.

The constitutional symptoms of the affection, hen severe, are sufficiently pronounced. Fever, ftentimes preceded by chill, a coated tongue, be- oming dry and brown as the disease advances; temperature running up to 103° or 104°, and lisordered intestinal function. Usually there is onstipation, occasionally diarrhœa. The urine is high colored and diminished in quantity, and fre- quently albuminous. The pulse is mostly quick, and at times irregular. In severe cases, especially of the head, delirium is present, and is an un- favorable symptom.

The treatment necessarily depends upon the gravity of the cases. In the patient before us, the affection has, I think, reached its acme, for I ob- serve here and there little wrinkles forming in the skin, showing that the tumefaction is on the de- crease. He tells us, too, that he is better than he was yesterday, and that the burning and heat of the part is not so great. I shall order for him a simple treatment; the part will, for the present, be covered with a cooling lead water and lauda- num solution. Later in the case I shall, probably, order an application of the oxide of zinc. Inter- nally, he will take the muriated tincture of iron, twenty drops four or five times a day. This preparation is, I think, the one most to be trusted in the treatment of erysipelas, and there can be no doubt that it exercises great influence over the progress of the disease. To be of service, it ought to be freely administered. The only difficulty I have met with in its exhibition is its tendency, at times, to disagree with the stomach, and to excite distress and prolonged nausea and vomiting. In such cases its discontinuance is unavoidable, unless, by combination with gentian, quassia, or some other bitter tonic, its presence can be tolerated by the stomach.

The administration of quinine, to the extent of ten or twelve grains a day, is also a matter of importance in this disease; so, also, is the diet. The old idea of starvation and a low regimen is no longer entertained; on the contrary, the patient should be supported by the best of nour- ishment the stomach will bear — milk, beef es- sence or tea, and stimulants as required, in the form of milk punch or otherwise. Personal clean- liness, and thorough ventilation of the room or ward, are, moreover, matters which should be carefully looked after. The absolute necessity of isolation of an erysipelatous case is much in- sisted upon. It is usually stated that there is al- ways in this disease a tendency to infection, and unless the patient be strictly secluded, and kept apart from others, much mischief may accrue from the spreading of the disease from bed to bed. For my own part, however, I am inclined to doubt, whether in civil practice, and in hospitals under proper hygienic regulations, such is the case, at all events to the extent supposed.

The prognosis in a case of simple or œdematous erysipelas is not usually grave. In the phlegmo- nous form, however, especially if the head be the affected part, the reverse is the case. Great danger here may arise from the extension of the inflammatory condition to the brain or its mem- branes. In phlegmonous erysipelas the accompa- nying suppuration is often wide spread, and exhausting to the patient's strength. It must be met, and met promptly, by free openings and incisions, to further the escape of the purulent matter, and by a judicious use of disinfecting agents, such as Labarroque's solution, solutions of carbolic acid, and the employment, when there is much destruction of the superficial tissues, of light charcoal or yeast poultices; of course, in such ca es, there is an increased drain upon the system;

and therefore a proportionate necessity for constitutional support and stimulus arises.

In the light case of the œdematous form of the disease which I have brought before you this morning I shall confine my treatment to the simple remedies I have indicated in his case, and I doubt not that I shall bring him before you at my next clinic materially improved, if not, indeed, entirely convalescent.

Here is another case of erysipelas, of the phlegmonous variety, a graver form of the disease. This man tells me that he is about forty years of age, that he is a hard drinker, given to periodical excesses, and that he has recently been on a debauch. On coming to his senses he found that his leg had been excoriated or scratched, just above the ankle, as he thinks, by a torn boot. Observe, now, the condition of the limb; it is enormously swollen, in fact, it is twice its natural dimensions. The skin is intensely injected, some of the vessels are of large size, and present an arborescent appearance. The heat of the part is much increased, and I can readily detect the difference in temperature between the two limbs. When I press on any part of this tumefied surface it pits, and the redness disappears, but on removing my finger both color and swelling return. On pressure the whole part feels boggy, and I am sure that the inflammation involves the superficial fascia, and probably has extended along the intermuscular cellular planes. The case is one of true phlegmonous erysipelas, and I am certain that suppuration is being established beneath the integument.

The constitutional symptoms in this case are pronounced, but not to the degree you might anticipate looking at the local conditions. There is some pain, not a great deal; fever, with a dry skin, coated tongue, increased temperature, and scanty, high-colored urine. He complains of inability to sleep, but the ward nurse says he sleeps very well.

What shall I do with this case? In the first place, I must relieve the local tension, and let out the pus. I will make an incision, and as I do so, you observe the flow of thick pus, and the puffing out of the disorganized tissues. I shall have the limb poulticed, and the poultice changed every two hours. Internally I shall direct twenty-five drops of the muriated tincture of iron every four hours, and give him fifteen grains of quinine in the course of the twenty-four hours. At night, if there is insomnia, he will take an old opium pill, one grain, to be repeated if necessary. As for his diet, I shall give him, as he can take it, the most nourishing food the house affords. If he has any difficulty in taking solid food, I shall order him milk. I have a high opinion of the milk diet when there is gastric irritation. In urethral fever, I have for years made use of it, and in urinary diseases generally; and after operations in the genito-urinary organs, I have found it of the greatest service. I do not doubt that this case of phlegmonous erysipelas will do well, unpromising as the appearance of the limb is just now, and I base my prognosis upon his present constitutional state. * * * * *

—We would remind subscribers that at the first of the year the annual subscription falls due.

Medical Societies.

THE RHODE ISLAND STATE MEDICAL SOCIETY.

The quarterly meeting of this Society was held December 18th, the President, Dr. E. T. Caswell, presiding. The President announced the death of the oldest Fellow of the Society, Dr. S. Augustus Arnold, in a few appropriate remarks.

Dr. Turner, of Newport, made some remarks in regard to the attendance of physicians as witnesses in courts. He thought that some action should be taken to provide a law, if possible, by which courts could have discretion to allow a reasonable compensation, as is done in other States. In the present state of the law in Rhode Island, it frequently worked great hardship in compelling long attendance with no adequate pay.

The report of the Committee on the Adoption of the Metric System was read by Dr. J. W. Mitchell. It favored the adoption of the system, and closed with the resolution that on and after January 1st, 1880, the Rhode Island Medical Society would use it in practice.

Dr. Williams, of Boston, was introduced to the Society. He made some remarks in regard to the institution of the Board of Medical Examiners recently established in Massachusetts, to have charge of cases requiring their services in connection with coroner's inquests, and expressed his pleasure in being able to meet with his friends of the Rhode Island Medical Society.

Dr. H. G. Miller, of Providence, gave an informal essay upon the treatment of nasal pharyngeal catarrh, which was followed by discussion and suggestions by several physicians.

Dr. Virgil D. Hardon, read a paper upon mechanical dysmenorrhœa, which was followed by discussion.

DIPHTHERIA.

Dr. O. Whitney, of Pawtucket, read a carefully prepared essay on the subject of "Diphtheria." He quoted largely from prominent medical authorities in support of his conclusions as to the cause and treatment of the disease, which were presented, as follows:—

1. There is but one pseudo-membranous disease.
2. It belongs to the same family with influenza, which may, by the same nomenclature, be called the mucous disease.
3. Both are inflammations of the same anatomical structure, *i.e.*; the mucous membrane lining the nares, throat and primary passages to the lungs.
4. The "flux," or product in influenza, is innocuous, and not capable of self-propagation.
5. The "flux" in the pseudo-membranous disease is concrete and raised to morbid specificity, or having self-generating powers.
6. Both branches of this family of diseases have prevailed from time immemorial, and are governed by the same general causes and influences, and modified by the country in which they may have prevailed and individual habits of the people.
7. It is contagious or infectious in proportion to its visible putridity in individual cases; the infecting power being of short duration. This self-

generating power lies in both the breath of the sick, and in the more solid discharges from the affected surfaces. "There is no evidence that, as constantly happens in scarlet fever, the active contagiousness of diphtheria extends to a period of convalescence at which the accustomed duties of life can be resumed." There are some animal poisons which are known to increase in the severity of their action by successive inoculations, and to this class it seems probable that the infectious matter of diphtheria may belong.

8. As in influenza, one attack of the pseudo-membranous disease gives no protection against a future attack.

9. Both branches of this family of diseases have had a great number of names.

10. In New England it has borne bad names among the laity, when in the concrete; membranous croup and "putrid sore throat." In the profession membranous laryngitis (cynanche trachealis, obsolete since 1830), and cynanche maligna.

11. When prevalent in the fluid branch, it has generally been known by the Italian word influenza, or influence. For some transient reason it was known as the "Tyler grip" in 1842.

12. It is primarily a local disease, and its immediate effects in the pseudo-membranous branch depend upon severity and locality invaded. The remote results depend upon absorption of the decomposed concrete flux, or membrane.

13. The remote results have a constant relation to the quantity of absorption, which takes place from the throat, little if any being absorbed from the larynx and parts below.

At the conclusion of the reading, President Caswell announced that, owing to the lateness of the hour, there could be no extended discussion upon the thoughts deduced by the essayist.

Editorial Department

Periscope.

Digitalis in Heart Disease.

We quote some further views of Dr. J. M. Fothergill on this subject. They are from a late address. He said he had used it largely and never seen accumulative effect, and had found no evidence of such. The only fear was of producing acute poisoning at the time. He had seen it produce hard hammering action of the heart; measuring its effect by the frequency of the pulse was exploded. Digitalis increased the force of the ventricular contractions by its effect on the nerves. As Niemeyer said, it filled the arteries and emptied the veins. In dilatation with frequent imperfect action, it reduced the rapidity of the pulse. Dr. Balthazar Foster found retardation of the pulse one of its effects. In aortic stenosis the hypertrophied heart compensated. Digitalis was especially of use in dilatation of the heart. One patient was taking at present twenty-drop doses of tincture. If there were fear of the muscle failing, a little strychnia might be added. In feeble, irregular rhythm, it might be given without fear. In mitral disease it was useful, and was given to act on the right side of the heart. There was no difference as to its use between mitral obstruction and regurgitation. It was especially useful in the bronchorrhœa of mitral disease. In aortic stenosis it was rarely necessary to give it till the later stages. In aortic regurgitation it was not desirable to give it unless exceeding dilatation existed. When the patient lay in bed in hospital, small doses sufficed; but when up, larger doses were required. Individual peculiarities and the mode of preparation of the digitalis must be borne in mind. In organic diseases digitalis was of use; but in functional disorders it did no good. In chorea and in Grave's disease bromide of potassium with belladonna was better than digitalis. In palpitation with chronic Bright's disease and gout, when the pulse was good, digitalis only produced more hammering heart action when the heart was beginning to fail and "wanted to dilate." Digitalis might be added to potash treatment. In reply to an inquiry, Dr. Fothergill stated that he had no experience of digitalis in acute failure of the heart's action with delirium tremens; he did not think digitalis had any effect in Bright's disease, as a diuretic. To give it in aneurism would be apt to rupture the diseased vessel. In reply to another question he stated that he had no preference for tincture or infusion, and considered its application by poultice uncertain and heroic.

Thoracentesis in Phthisis.

In discussing a case in the *Lancet*, Dr. A. D. L. Napier writes—

My principal object in bringing the case under the notice of the profession is to suggest inquiry as to—(*a*) Are we justified in treating cavities in phthisical lungs, as is mostly done, by non-interference? or (*b*) Would it be wise to have more frequent resort to operative procedure? In many, I may say in most cases, in the third stage of phthisis, occurring in children, the existence of cavities is easily diagnosed. Were we to interfere as soon as a cavity could be discovered, by means of operation, and the insertion of a drainage tube, with due antiseptic precautions, is it unlikely that lives could be prolonged, or mayhap saved, which otherwise would be inevitably doomed? As to the means of operating, I conceive that with a large trocar and canula, or even an ordinary straight bistoury, we are as efficiently armed, and more so than with any of the existing aspirators. The objections to aspirators in empyema have been well weighed ere now, and in country practice the more simple and familiar the instruments, the more

frequently will they be used. No difficulty arises from antisepticism, as a small hand spray-producer, which can be easily managed by the most inexperienced, is quite sufficient for the purpose. It may be that in most instances little permanent benefit would result, but if we should have as satisfactory a proportion of cures as after tracheotomy in diphtheria (a modest enough hypothesis) why countenance the one and condemn the other procedure? The most probable secondary result is emphysema, though this is not a necessary sequence, and even were it so, it would be by no means a sufficient deterrent.

Conclusions Regarding Dipsomania.

The following conclusions are those given in an address by Dr. Gilchrist, reported in the *British Medical Journal*. 1. Dipsomania is a true neurotic disease. 2. In a very large proportion of cases, if not in all, it is hereditary. 3. In a large number of cases it is traceable to drinking habits in one or both parents, or connected with them in more remote relationships. 4. Its neurotic character is indicated—*a*. By its tendency to periodicity; *b*. By its incurability; *c*. By the loss of self-control over a dominant propensity in those subject to it; *d*. By the intellectual, and especially moral, peculiarities of its victims. In the above characteristics are seen its intimate relationship to, if not identity with, ordinary insanity. 5. In its treatment there is to be recognized two essentially distinct conditions; the neurotic peculiarity, which is permanent and irremediable, and the direct results from the poisoning of alcohol, which are temporary and remediable. 6. If the term "recovery" is to apply to the latter conditions only, 90 to 100 per cent. are curable. If it is to include the former also, 5 per cent. will be found a liberal allowance; that is, not more than 5 per cent. of the patients will be so far modified by any treatment as to enable them to resist, during the remainder of life, the propensity to drinking. Dipsomania, like other forms of insanity (neurotic diseases, if preferred), is a sad inheritance from the sins of our fathers. It is very rarely the result merely of vicious habits in the individual subject to it. If it is to be dealt with effectually, we must extend the horizon of our views beyond individual cases, or even the present generation. "Prevention *versus* cure" is the true, if not the only, treatment.

Conditions Necessary for Contagion to Spread.

In a recent lecture, Dr. R. Southey, of London, says—

For communicable disease to spread, three things are requisite: (1) an infecting poison, an animal cell or graft, some germ or microspore, or some potential fluid; (2) some means of connection or insertion of this poison; (3) receptivity or aptitude in the person who receives this poison.

If the atomic form of the poison is large, it may be believed to be heavy; the larger, the heavier and more tangible it is, the less readily will it travel from person to person. The contagiousness of the disease communicated will therefore appear immediate or most direct; those nearest in contact with the affected person will suffer most. If, although heavy, its vitality is great, it may be conveyed about by clothes or fomites. If its vitality is small and it is quickly destroyed by diffusion through air or water, it will not travel far, and must be inserted quickly in a fresh body, to provoke its special reaction.

There is much reason to think that the plague poison, syphilis poison, the smallpox and typhus poison, is of this heavy form and low vitality. But the poison of cholera and typhoid fever is probably an example of a lighter, subtler substance, and one of greater vitality; since, although sometimes carried into the body by food or water contaminated by human alvine excreta, the cholera poison is probably also borne in the blue mists observed in most cholera epidemics; and neither the cholera nor the typhoid poison appears to be destructible, although diluted in any quantity of cold water. The syphilis poison probably quickly loses its vitality or propagating powers; once dried, I believe its life history is ended. But the variola and varioloid poison may be dried, and, if neither frozen nor overheated, like mummy grain, it will certainly retain its infecting properties for years. So, too, the scarlet fever, yellow fever, plague, and typhus poisons can lie dormant in a drawer or cupboard for weeks, or months, or years, awaiting the conditions which shall favor future development. The plague is said to have broken out afresh after a hundred years, in consequence of the reopening of a plague pit.

Idiopathic Gangrene of the Penis.

The following interesting case was reported by Mr. Gay to the Pathological Society of London. The patient was thirty-one years old. He was a healthy man, free from syphilitic taint, exposed in his work to long walks and damp. His illness began with an attack of tonsillitis, which left him weak, and before he had recovered he was attacked with rheumatism in his knees and ankles, which passed off, and he then suffered from pain in his calves and feet. This also subsided in a few days, and he then had severe supraorbital pain, with œdema of the eyelids; on the subsidence of this a rash appeared on the bend of both elbows, which faded in a few days, when he was again attacked with pain in the calves of the legs and swelling and tenderness along the external saphena vein. Then followed severe pain deep in the perineum, and in two or three days the penis became engorged with blood, tense, and rigid, and ultimately sloughed and separated. The superficial parts of the penis were œdematous, but not gangrenous. The man recovered. Mr. Gay considered that this was a case of metastatic rheumatic phlebitis, which ultimately led to thrombosis of the internal iliac veins, involving especially the prostatic and pudic branches, and spreading slightly into the external iliac vein, as was evidenced by the œdema of the sheath of the penis. He pointed out that while all the cutaneous veins of the body communicate very freely, and in most regions the superficial and deep veins have many anastomosing channels, in some regions, as the penis, the venous channels of the skin and of the deeper parts were quite separate, and that when the deep veins were plugged the circulation could not be carried on through the superficial vessels, but gangrene must

occur. Whether a gangrene should be dry or moist he considered depended upon the condition of the patient, and not upon the cause.

Reviews and Book Notices.

NOTES ON CURRENT LITERATURE.

——Of the many Guides and Seed and Plant Catalogues sent out by our Seedsmen and Nurserymen, and that are doing so much to inform the people and beautify and enrich our country, none is so beautiful, none so instructive, as *Vick's Floral Guide.* Its paper is the choicest, its illustrations handsome, and given by the hundred, while its Colored Plate is a gem. This work, although costing but five cents, is handsome enough for a Gift Book, or a place on the parlor table. Published by James Vick, Rochester, New York.

——The *Archives of Dermatology*, a quarterly journal of skin and venereal diseases, published by Putnam's Sons, will, on and after January 1st, 1879, be published by J. B. Lippincott & Co., of this city.

——A valuable contribution to the study of lacerations of the cervix uteri, is the address of Dr. William Goodell, at the last meeting of the Pennsylvania State Medical Society. It is reprinted in pamphlet form.

——According to Dr. Otis, of the National Medical Library, Washington, the total number of regular medical journals now published in the United States, is fifty-one.

——The *Archiv der Heilkunde*, an estimable German journal published at Leipzig has suspended, for want of support.

BOOK NOTICES.

Modern Medical Therapeutics; a Compendium of Recent Formulæ and Specific Therapeutical Directions. From the practice of eminent contemporary physicians, American and Foreign. By George H. Napheys, A.M., M.D., etc. Sixth edition, enlarged and revised. D. G. Brinton, Philadelphia, 115 S. Seventh St., 1879. 1 vol., 8vo, pp. 607. Price, cloth, $4.00; full leather, $5.00.

No higher testimony to the value of this work to the medical public can be offered than the fact that in less than a year the previous edition of the book, although the fifth one, was completely exhausted. Another striking fact of the same nature is, that although the publisher has had a standing offer to all who buy the book by mail, and, consequently, on the faith of notices and descriptions, to take it back and refund the money if it, on arrival, disappointed them, *in not a single instance* has he been requested to do so!

With the general plan and character of the book we need not occupy space. They are well known, from the reviews of the book in previous editions. Suffice it to say that in the present edition no changes in these respects are made. The material of the book has, however, undergone extensive modification. This the editor announces in the preface. He has what will by some be called the audacity to declare that "Standard treatises on practice, written by men still living, have, in many instances, become in great part obsolete. Watson and Wood, Aitken and Tanner, no longer represent the best therapeutics of the day. Their methods and their remedies have been largely superseded, and the practitioner who would keep abreast of the advances made in his profession must look to a more modern class of writers for his information."

The editor does not specifically name who these modern writers are, but that he has acquainted himself with them to some purpose, would appear from the fact that the Index of Authors in this edition contains *one hundred and eighty-eight* names of medical writers who were not quoted in the previous edition. They are authors of the latest monographs and treatises, and contributors to the medical periodical literature of the last two years. Somewhat more than half belong to English speaking countries; the remainder are principally German, French, and Italian. This indicates a very thorough revision of the last edition, and the extent of the improvements which have been made in it.

Various subjects are introduced which were omitted in the previous issue. For instance, we notice yellow fever is introduced, and a number of authors quoted, showing its treatment in South America, Havana, Savannah, Charleston, New Orleans, etc. Typhus fever, acute and chronic mercurial poisoning, lead poisoning, and a number of diseases of children, are also additions. The last mentioned department, that on children's diseases, has been more than doubled in size, which its importance certainly demanded.

In fact, the number and variety of the changes in the present edition almost give it the character and value of a new book, and those who already own one of the previous issues would find the purchase of the present by no means a useless or superfluous outlay.

THE

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THE GROUNDS OF CERTAINTY IN MEDICAL REASONING.

In the discussion between VIRCHOW and HAECKEL, to which we alluded last week, one very weighty and often misunderstood subject was in controversy between them.

To the statement made by VIRCHOW, that only well-ascertained facts should be taught in schools, HAECKEL replies, derisively, "What do we know for certain? Even in mathematics, the most certain of all human knowledge, men are now disputing whether there may not be a fourth dimension in space. What do we know of the nature of matter or of force? What is there certain in physics and chemistry? Why, then, is the origin of man a subject on which nothing should be taught, because it is uncertain?"

To this several answers suggest themselves. There is certainly a difference between facts and fancies, laws and guesses, and all that VIRCHOW maintained was that, *in schools*, what are commonly called "known and accepted truths" should be taught; and no reasonable being (HAECKEL excepted) will be likely to dispute his statement.

But HAECKEL's queries cut deeper. It might appear that he really means that there is no higher test of knowledge than belief; forgetting that not belief, but the *impossibility of disbelief* is the final and crucial test of knowing. A sane man cannot believe that twice two make five, no matter how much he tries. This gives its certainty to mathematics, and all so-called "laws of nature" are entitled to rank as such only when they can receive abstract mathematical expression.

These discussions concern very intimately the science of medicine, for it busies itself wholly with natural laws, and it is just as essential to its successful prosecution that the superficial glosses of materialism and positivism be recognized, as that the superstitions and dogmas of metaphysics and supernaturalism be estimated at their real value.

Professor HELMHOLTZ, in an address "On Thought in Medicine," last winter, sounded the alarm none too soon when he said, "Our generation has suffered under the pressure of spiritualistic metaphysics; the rising one will have to be on its guard against materialistic philosophy."

Metaphysical systems have supported two lines of argument. According to the spiritualistic idea, man may regard himself as a being of higher quality, towering above the rest of nature. The materialists consider him as unqualified master of the world, through the exercise of his mind upon the conceptions he has formed.

But one who, like the physician, has to deal with the safety- or destruction-bringing powers of nature, has the duty, under heavy responsibility, of seeking a knowledge of the truth, and of the truth alone, regardless whether what he finds flatters one or other of these classes. His aim must be clear, and the actual result alone decisive. He must strive to ascertain what the consequences of his proceeding will be under given circumstances. To acquire this power of forecast we have no other means than seeking, by observation, a knowledge of the laws of things; and this we must acquire by careful search for, and study of, such

cases as belong to them. If we suppose that we have discovered a law, then commences the work of deduction. We must endeavor to trace its effects; but also, and first, to test it by experience, so far as it can be tested, and ascertain when and in what range it holds good. This is a labor which should, properly, never cease. The true natural philosopher considers, on every strange appearance, whether the well-proved laws of action of long-known powers can have undergone any modification; naturally, however, there can only be question of such a change as does not contradict our stores of accumulated experience. Thus he never arrives at absolute truth, but only at a high degree of probability, which, practically, is equivalent to certainty.

Let the metaphysicians smile; we will take their derision to heart when they are able to do better, or even so much. On the other hand, let not a hasty materialism depreciate the value and reach of such knowledge. To a great degree it is more absolute than it is ever willing to concede; for it is as certain as Reason, and as wide reaching as the Universe.

Notes and Comments.

Potato Eating and Diphtheria.

Dr. M. C. Keith, of Lincoln, Neb., writes to the Chicago *Inter-Ocean*, charging much of the diphtheria prevalent to eating white (Irish) potatoes. He says—

Some seventeen years ago the attention of my father, Dr. Alvan Keith, late of Augusta, Me., was called to the fact that children who were not fond of the tuber known as the Irish potatoes were not subject to attacks of that much-dreaded malady diphtheria. Following out this hint, he advised families of his friends to avoid the use of this vegetable among the children, and until his decease he was accustomed to make the assertion that rotten potatoes produced the throat disease known as diphtheria. * * * * * *

In my practice in this city and county the offer has been to treat any one free of compensation if they would avoid the use of Irish potatoes. As a sequence not one of the patients who was not a potato eater has been threatened with the disease. In many of the inland towns of this State the writer has patients, and in some of the infected districts the families of those who have learned of this simple preventive have escaped any attack of throat disease, although the potato caters on either side of them have unfortunately had cases of diphtheria which resulted fatally. * * * *

The writer rests his assertions upon a record of twelve years of his father's practice prior to 1861, and seventeen years of his own, covering a period of twenty-nine years, and including a personal knowledge of 1100 cases of diphtheria. The tuber known as the Irish potato is specified, since it is believed that sweet potatoes do not have the effect of producing any disturbance in the human animal economy. If these assertions are proven, the result must relieve the world from a disease much to be dreaded, and a malady which has caused many heartaches upon two continents.

Peculiarities of Inebriety.

The Fourth Annual Report of the Asylum for Inebriates at Walnut Hill, Hartford, Conn., is an interesting document, and the history of the past year is very ably presented by the superintendent, Dr. T. D. Crothers. The particulars of a number of cases which have been under treatment are presented.

Many curious facts are presented, in a history of these cases. Take, as an illustration, the periodic character of the drink-craving, which returns after an interval that can be definitely calculated within an hour; or the insane-like madness which ignores everything but the gratification of its impulses; or the precipitate revulsion of character and motive, passing swiftly from one extreme to the other; or the sudden explosion of the diseased impulses, under conditions of excitement and change, etc. All these are significant of laws and forces moving in regular cycles as fixed and definite as that which governs the planets.

The Forms of Antagonism in Drugs.

The antagonistic action of different remedial agents has attracted considerable attention lately. Dr. Fothergill's little work on the subject is fresh, and has served to whet the interest of reading men. The same subject is treated by M. J. L. Prevost, in the *Archives de Physiol. Normale et Pathol.*, chiefly in relation to the antagonistic properties of atropin to muscarin. The author proceeds to show that there are the following kinds of antagonisms: *a.* True antagonism, occurring in cases in which two poisons act in opposite ways upon one and the same anatomical element, as, for instance, by exciting or paralyzing a nervous element; *b.* False antagonism, when the poisonous symptoms are suppressed by making use of an agent which renders the manifestation of the

symptoms impossible; this occurs after the injection of curara, in a case of strychnia poisoning; for the curara, paralyzing the motor or efferent nerves, prevents the appearance of tetanus caused by strychnia. Another example of false antagonism is, when two poisons act upon two different parts of a complicated organ; as is the case when atropin and physostigmin are applied successively to the eye.

Eczema Produced by Oxyurides.

Dr. Michelson reports, in the *Berliner Wochenschrift*, the case of a child, thirteen years old, who complained of itching in the inguinal region, which was found to be the seat of an impetiginous eczema marginatum, suggesting the presence of trichophyton. The centre of the eruption presented a moist surface covered with little red points, and with fœtid debris of macerated epidermis. Microscopic examination revealed, not a vegetable parasite, but the eggs of the oxyuris in various stages of development. It is probable that the worms were attracted from the rectum to the parts prepared for the reception and development of their eggs by the heat and moisture of the eczematous skin. Cure was rapidly effected by warm baths and a lotion of salicylic acid.

The Species of Tapeworm Now Prevalent.

At a meeting, last month, of the Academy of Natural Sciences, of this city, Professor Joseph Leidy exhibited two specimens of tapeworm from the human subject. One had been submitted to him for examination by Dr. Levick, and the other by Dr. Walter Atlee. During the past fifteen years he had examined from two to five specimens yearly, sent to him by physicians who desired his opinion regarding the specific characters of the worm. It was formerly supposed that the tapeworm commonly found in man was tænia solium, the immature form of which infests the hog, and obtains a lodgment in the human body by the use of raw or badly cooked pork. He had been surprised to find that all the specimens examined by him during the time mentioned belonged to another species, the tænia medio canellata, the larva of which is found in the cow. It is, therefore, the lovers of raw or rare beef who foster this form. This species is readily distinguished from tænia solium. The head is conspicuously larger, of a square shape and blackish color. It is provided with four suckers, but without the hooks so characteristic of tænia solium. There is also a striking difference in the joints, by means of which detached segments may be distinguished from those of the pork worm, the ovaries in tænia medio canellata being exceedingly complex and branched, and of a dark color, while in tænia solium they are comparatively few and simple, and of a lighter tint. Leuckart states that the Abyssinians are infested with tapeworm, almost to a man, from their habit of eating raw beef, which they esteem a great delicacy. They not only eat the meat uncooked, but the living animal is driven up to the door of their banqueting halls, and pieces of quivering flesh are cut from it and served to the guests, until the poor tortured creature falls, exhausted by pain and loss of blood. These people do not consider the presence of the parasite a disadvantage, but rather otherwise. When the worm grows too large, they simply cause the expulsion of some of the segments, and allow the head and the remaining portions to grow again until they become of an inconvenient size.

Suicide and Insanity.

The January number of the *Sanitarian* contains a paper read by Hon. O. H. Palmer before the New York Medico-legal Society, to prove that suicide is not an evidence of insanity. This seems superfluous, as we should think none but a very biased person would maintain the affirmative. Mr. Palmer says, in one part of his address, "Suicide is a pronounced sin, abhorrent to Christianity and severely denounced in the word of God." We have heard it said that no direct condemnation of suicide is to be found in the Bible. The prejudice against it, unknown in ancient Greece and Rome, is asserted by Schopenhauer to have been an emanation of the feudal system, wherein the life of a person belonged to his liege lord.

Hints for Headaches.

Dr. Day says, in a late lecture: Whatever be the plan of treatment decided upon, *rest* is the first principle to inculcate in every severe headache. Rest, which the busy man and the anxious mother cannot obtain so long as they can manage to keep about, is one of the first remedies for every headache, and we should never cease to enforce it. The brain, when excited, as much needs quiet and repose as a fractured limb or an inflamed eye, and it is obvious that the chances of shortening the seizure and arresting the pain will depend on our power to have this carried out effectually. It is a practical lesson to be kept steadily in view, in that there may lurk behind a simple headache some lesion of unknown magnitude which may remain stationary if quietude can be maintained.

There is a point worth attending to in the treatment of all headaches. See that the head is

elevated at night, and the pillow hard; for, if it be soft, the head sinks into it and becomes hot, which with some people is enough to provoke an attack in the morning if sleep have been long and heavy.

Effects of Chronic Starvation on the Mind.

An English surgeon who witnessed the late famine in India, observes that the dullness, the apathy, the unfitness for labor, and the unwillingness to use the smallest exertion to better their condition, so often shown by the famine stricken, 'are a part and parcel of the disease, 'chronic starvation,' and must in future be so regarded and treated." They are not to be disposed of "by statements of loose observers," that such people are idle or obstinate.

Is is shown, by the pathological observations of Dr. Porter, that the nervous system shares in the general waste of the body. Dr. Porter's own conclusions from his investigations is, "that the brain wastes in starvation, like other tissues of the body, but in a less degree; and this atrophy of the brain would account for the effusion of serum into the arachnoid cavities and sulci of the brain, that is so frequently found in these cases."

Chloral in Migraine.

Dr. Seure, in the *Bull. de Therapeutique*, strongly recommends the administration of chloral, in an enema, on the occurrence of the paroxysms of migraine, having found it almost infallible, and exempt from the disadvantages attendant on other modes of giving this substance, and far preferable to the employment of morphia, quinine, etc., for the same purpose. He gives, according to the sex or robustness of the patient, from one and a half to three grammes, in a glass of tepid water, the effect of the chloral being rendered still more prompt by the addition of a tablespoonful of brandy. If a sense of burning in the rectum is excited, this may be prevented by adding the yolk of an egg or substituting tepid milk for the water. When, as in some persons, there is difficulty in retaining the enema, the quantity of the liquid may be diminished, and a drop or two of laudanum added.

Influence of Uterine Disease on Nervous Disorders.

A recent writer counts among the most notable instances of this, neuralgia supra-orbitalis, maxillaris, and laryngo-bronchialis (uterine cough); also neuroses of the heart, causing painful palpitations, and spasmodic contractions of the bladder and bronchi (uterine asthma). All these symptoms become aggravated at the time of the commencement of the menstrual flow. The author observed one patient affected with this kind of asthma, who had long passed the climacteric, but whose asthmatic attacks were always most severe at the times at which the menses used to appear. Ordinary asthma also becomes worse under the influence of uterine disease.

Uterine affections frequently give rise to spasm of various muscles and to paralysis of one or both lower limbs. Both of these conditions usually come on very gradually, and they never become complete.

The peripheral reflex irritation caused by uterine diseases often acts, in conjunction with other causes (*e. g.*, hereditary taint, defective nutrition, domestic trouble, etc.), in giving rise to mental disease.

The Physiology of an Easy Chair.

A writer in *Nature* sums up the "points" of an easy chair as follows:—

For an easy chair to be perfect, it ought not only to provide for complete relaxation of the muscles, for flexion and consequent laxity of the joints, but also for the easy return of blood and lymph, not merely by the posture of the limbs themselves, but by equable support and pressure against as great a surface of the limbs as possible. Such are the theoretical demands, and these are fulfilled by the bamboo easy chairs manufactured in India, made in the shape of a straggling W, which the languor consequent upon a relaxing climate has taught the natives of India to make, and which the rest of the world appreciates.

The Best Form of Mercury for Hypodermic Use.

Dr. R. Kirk gives, in the *British Medical Journal*, his experience on this subject while he was at the Edinburgh Lock Hospital; he says—

Six solutions were used during my term of office; the bichloride with morphia; the albuminous solution of the bichloride; Savory and Moore's lamels; a simple aqueous solution of the bichloride; the biniodide; and the bicyanide. The last two were soon discontinued, as possessing no perceptible advantages over the others; but two series of comparative experiments with the other four were made with the utmost care. The first series was conducted to determine which produced the least irritation, and the patients were injected with all four solutions in rotation, with the result, rather surprising, I must admit, of showing that the simple aqueous solution of the bichloride, two grains to the ounce, produced as little irritation as any of the others. In the whole series of over three hundred injections, there was not a single

boil, and only on rare occasions was there induration enough to cause tenderness. The second series showed that the amount of mercury required was the same, whatever solution was employed.

The only reasons to which I can ascribe these results are; thoroughly cleansing the syringe-needle before each injection, and inserting the needle perpendicularly and deeply into the subcutaneous tissue. I believe, if these two points are carefully observed, that mercurial injections may be given with almost perfect safety, and with a solution so simple as an aqueous one of the bichloride.

The Causes of Heat in Fever.

As the result of some recent researches, Drs. Leyden and Frænkel suggest that the increased formation of carbonic acid cannot alone be held answerable for the rise in temperature. It represents one factor only, although one of great importance. A second factor is the altered discharge of heat under the influence of the cause of the pyrexia, the immediate mechanism of which is probably to be sought in a peculiar change in the innervation of the cutaneous and pulmonary vessels. Hitherto only one consequence of this altered vascular innervation was known—the rigor. Very recent experiments of Bachrach suggest another effect: it has been found that, under ordinary circumstances, substances easily recognizable in the urine, as iodide of potassium, were absorbed far more quickly if injected under the skin than if administered by the mouth. In fever, however, the reverse is the case; iodide appears in the urine far more rapidly if given by the stomach than if injected under the skin.

Oleate of Zinc.

Dr. H. R. Crocker has reported very favorably, in a recent number of the *British Medical Journal*, on the use of oleate of zinc in eczema. It is chiefly useful in the discharging stage of the acute and chronic forms of the disease. The preparation used by Dr. Crocker was made by the following process: One ounce, by weight, of oxide of zinc is stirred with eight fluid ounces of oleic acid, made as free as possible from palmitic acid. The mixture is allowed to stand for two hours, and is then heated until the oxide is dissolved. On cooling it forms a yellowish-white hard mass. An ointment can be made by mixing one part of the oleate with one part of cosmoline, or two parts of lard or simple ointment. When made with the two latter materials it quickly becomes rancid, but cosmoline preserves it for a long period.

Correspondence.

The Cause of Yellow Fever.

Ed. Med. and Surg. Reporter:—

I shall attempt to give your readers a few thoughts and conclusions on that all-absorbing question, yellow fever. It is only with the cause that I propose to deal in this letter. I have not been an eye witness to this suffering, and therefore must draw in part, for my conclusions, from the testimony of others; however, a long familiarity with what I consider to be the real cause (only in a modified form) gives to me, even from this remote standpoint, the privilege of drawing my own conclusions and asserting the same in my own language. Then, first, I assert that yellow fever is of malarial origin, and the most malignant of that order to which it belongs.

The lower Mississippi, with its tributaries, in connection with that low, marshy region of country bounding it on either side, together with its proximity to the solar rays and prolonged intensely hot season, all conspire with other favoring circumstances, to supply the elements requisite for the propagation and elimination of this miasmatic poison. The fruit of this in that locality is yellow fever, while in this region of central western Illinois, latitude 40°, and the continuation of the same malarious valley, we find the more mild forms of the same disease, from the same cause, namely, congestive, remittent and intermittent fevers, with their numerous modifications. We do not believe science, with all her appliances, has by any means succeeded in controverting or robbing of its merits that old and so-called fogy theory of the production of malaria by the combined action of heat, moisture, and vegetable decomposition. If any new light has been shed upon this subject, it has certainly been that of the additional and even more poisonous effluvia emanating from animal decomposition. This we are willing to admit as being one of the factors in the cause of the malaria of that region, the populous cities especially, where sewer effluvia must be profuse.

Here we claim an argument in favor of malaria being a local cause of the fearful disease, yellow fever, also, that the mouth of the Mississippi, New Orleans and vicinity, is the laboratory from whence this disease originates. In proof of this we have only to consider the magnitude of the supply, both of animal and vegetable material, constantly accumulating and drifting into this great abyss, and when accumulated there, favored with every natural and artificial condition for rapid decomposition. Why doubt the above when we contemplate the vast extent of territory, north, south, east and west, settled and unsettled, frequently flooded and always drained by the tributaries of this vast river, pointing, as they do, in every direction, and extending from lake Itaska to the Gulf, and from Rocky to Allegheny mountains, gathering in their embrace every manner of filth, both animal and vegetable. In fact, it may be said every northern settlement has an outlet of this kind. The carcasses of many animals find a grave in the Mississippi, never to be withdrawn save by the process of decomposition, and this at the expense of the lives of thousands. Then why

should we contend that this disease is imported, when we possess in our very midst a laboratory with every natural, artificial and chemical apparatus for its home production. For further proof, let us traverse this deep, rich and otherwise fertile valley, and briefly sum up these speculations.

As before stated, we have been prescribing at this point, to some extent, every season, and to a great extent occasionally, for all grades of malarial fever, from congestive to mildest intermittent, all susceptible, usually, of successful treatment. However, a few degrees below this, in the same valley, we find a similar disease, originating from the same cause, but more severe, showing evidently greater concentration of the exciting cause. But at Cairo, the junction of the Ohio with the Mississippi, some four degrees below, and where the low marsh lands swell into extensive swamps, wet and spongy, with frequent fogs, malarial disease is a constant attendant. In fact, few were the soldiers or officers of the late war, detained at this point, who did not realize by their own sufferings the marked increase in the force of the poison. Here our personal survey of this malarial valley terminates, but history, the topography of the country, and the experience of every one familiar with the diseases of the lower Mississippi valley, testify to the fact that at almost every degree as we descend toward the Gulf may be observed this increase, not only in malarial products, but its additional force and virulence, as shown by the aggravated type of the disease produced. In this same ratio does the cause and consequent results seem regularly to increase, until we arrive at the foot of this death-stricken valley, with its populous city of New Orleans, where the most fatal disease exists, and in our opinion is produced. Yes, we repeat, this seems to be the great national receptacle for all filth, pollution and putrescence; the reservoir from which occasionally bursts forth and originates more miasmatic poison than would suffice to prostrate a nation of people. We shall, for the present, close, promising something on the subject of contagion in relation to the above disease.

Alepis, Ill. J. P. McClanchard, M.D.

Acetate of Potassa.

Ed. Med. and Surg. Reporter:—

I would call the attention of the younger class of practitioners to this old but most excellent remedy.

I take notice that a large proportion of the profession seldom prescribe this agent. While I will admit it may not cure a single disease, yet I hold that it is a fine adjuvant in a large number, both of acute and chronic diseases. Given in doses from ten to sixty grains, as indicated in many forms of disease, even with other proper remedial agents, it acts promptly as an excellent diuretic. But it may be asked, why is it better than many other diuretics, such as buchu, uva ursi, juniper, digitalis, colchicum, etc. This is a very important question, and I will proceed to answer.

The kidneys perform two separate and distinct functions. These functions are the excretion of water from the blood, and removing certain nitrogenized matters, the product of the waste of worn-out tissues. The first relieves vascular turgescence, and the second removes matter from the blood.

Urea forms a large amount of the solids of the urine, as well as uric acid, creatine, hippuric and lactic acid, and the soluble salts; and when these elements are retained in the blood, in any form of disease, in suppression or retention of urine, set up an irritation, and probably vomiting, diarrhœa, spasms, convulsions, coma, etc., are produced by this excrementitious matter retained in the blood, which should at all times be promptly removed.

The renal hydragogues, or the common vegetable diuretics that I have named will only increase the fluid portions of urine, while a very large proportion of the solids of the urine remain in the system, as Dr. Krahmer has so well proven in his experiments.

But we claim, by experience and observation, that the acetate of potassa is a renal depurant, when given properly, greatly increases the flow of urine, and particularly the solid constituents of it, making a splendid remedy, as an adjuvant in all febrile and inflammatory diseases. This alkaline diuretic is not only eliminative, but thus acts as a refrigerant.

Acetate of potassa, when taken into the stomach, is absorbed into the circulation and has a direct affinity for the kidneys, stimulating them to increased action, and in its transit from the stomach to the kidneys the acetate of potassa is converted into carbonate, which separates the *solids* of the urine from the blood, and then both the solids and the urine are jointly eliminated. In sthenic fever it acts as an antiphlogistic; in asthenic or typhoid fever it indirectly increases the strength of the patient by removing the materies morbi, which usually so depresses the vital powers. In rheumatism, Dr. Golding Bird says, "I would not willingly use language which was not completely compatible with experience; but I do not still hesitate to declare that I have never seen the disease in question yield with so much facility to any other remedy."

The action of this remedy in chronic diseases, where we find an unhealthy state of the blood, is truly *alterative*, removing vitiated materials circulating in the blood, thus promoting digestion, assimilation and nutrition. Hence it is indicated in a large class of those diseases.

I do think, from close observation, and experience in the course of twenty years, that the kidneys need stimulant diuretics nearly as often as the bowels do cathartics.

I treated five or six cases of dropsy the past year, and in every case I practiced on this plan, and was successful in every case; of course I gave such other treatment as was indicated. I generally prescribe the remedy in solution, giving from five to ten grains every four to six hours, alone or combined with such other remedies that are not incompatible, as may be indicated.

I hope these suggestions may lead others to thinking. Dr. John A. Henning.

Redkey, Indiana, December 15th, 1878.

—The papers think it was a little odd that Senator Sargent, of California, should go away to Florida, or Havana, or thereabout, recently, for his health, when his two daughters are students of medicine—one, in fact, graduated and practicing her profession at the Capital.

News and Miscellany.

State Medicine in Pennsylvania.

The Governor of Pennsylvania says, in his message to the Legislature, just published—

Among the numerous subjects that will occupy your attention, I beg leave to briefly emphasize a few that appear of more than ordinary importance.

The establishment of a State Board of Health was urged in the message of 1877, and briefly referred to in that of last year. The Medical Society of the State of Pennsylvania will again bring the matter to the attention of the Legislature. The experience of the past year has shown the desirableness of such a department to improve the hygienic condition of the people and insure against epidemics. Second only to its police duties, if not, indeed a part of them, is the obligation of government to enforce the sanitary regulations necessary for the healthfulness of society. I hope you will not fail to give the bill presented a favorable consideration.

Extracts from the Bulletin of the Public Health, Issued by the Surgeon General United States Marine Hospital Service, for Week ended January 4th, 1879.

Yellow Fever.—The present issue of the Bulletin is the first for which no cases or deaths were reported.

Bermuda.—The United States Consul reports that in a population of over 15,000 there is rarely more than one death per week, and that the island is remarkably free from all infectious diseases.

St. Petersburg.—Late advices state that the "plague" has reappeared on the northern shores of the Black Sea, where it is supposed to have been imported by Cossacks returning from Turkey. Astrachan is the central point of infection, and the Russian health authorities are making vigorous efforts to prevent the extension of the disease.

In England, during the past year, tents have been used for treatment of cases of scarlet fever and small pox, in towns where the diseases prevailed in epidemic form, with most satisfactory effect in arresting their spread.

The "Index Medicus."

It is generally known to the medical profession and those interested in bibliography that Dr. John S. Billings, Surgeon U. S. A., in charge of the National Medical Library, at Washington, is now ready to print his great "National Catalogue of Medical Literature," as soon as Congress grants an appropriation for the purpose. This indexes, under subjects, and by authors, books, pamphlets and original papers in nearly all the medical periodicals of the world; including over 400,000 subject entries, and making ten volumes royal 8vo, 1000 pages each. This will be of the greatest value to physicians the world over, as it enables them to find analogues for peculiar and difficult cases, and thus often to save lives. In continuation of this work, it is now proposed to publish monthly, under the editorship of Dr. Billings and of his assistant, Dr. Robert Fletcher, M.R.C.S., a current medical bibliography, under the title of the *Index Medicus*. It will be issued by F. Leypoldt, the bibliographic publisher, 37 Park Row, New York, at $3 per year, and will enter all medical books and index the leading medical journals and transactions in English and other languages. A full list of the latter, numbering over 600, will form a part of the specimen number of the *Index*, soon to be issued.

Investigation of the Yellow Fever.

The proceedings of the Board of Experts authorized by Congress to investigate the yellow fever epidemic held their first meeting at Memphis, December 26th, 27th, and 28th. The next meeting was decided to be held at Washington, January 15th. The following members were present: Dr. Bemiss, New Orleans, La.; Dr. Chaillé, New Orleans, La.; Dr. Cochran, Mobile, Ala.; Dr. Craft, Jackson, Miss.; Dr. Falligant, Savannah, Ga.; Dr. Green, Boston, Mass.; Mr. Hardee, Engineer, New Orleans; Dr. Mitchell, Memphis, Tenn.; Dr. Mosher, Albany, N. Y.; Dr. Randle, Philadelphia, Pa.; Dr. Swearingen, Austin, Texas; Dr. Woodworth, Washington, D. C. A thorough organization was effected, and the work laid out and assigned so as to be completed at an early day, in an effective manner.

Personal.

—Dr. C. C. V. Crawford and Captain B. F. Miller, of Tinicum, are candidates for Quarantine Master. Dr. A. W. Mathues, of Media, does not seek reappointment.

—Dr. William McKenzie, of West Conshohocken, has been elected President of the Montgomery County Medical Society, for 1879.

—Dr. Frank Woodbury, of this city, has been appointed Assistant Editor of the Boston *Medical and Surgical Journal*, and will take charge of its interests in this city, receive communications, etc.

Obituary Notes.

—Dr. Peter J. Crispell died at his home, at Hurley, Ulster county, N. Y., December 19th, in the eighty-fifth year of his age. Dr. Crispell was born in the Town of Hurley, in the northerly end of the old hamlet of that name, in the house now occupied as the parsonage of the Reformed Church. He was for twenty-five years President of the County Medical Society. He was always, until of very late years, an active politician, was presidential elector, and voted for Martin Van Buren in 1836. He subsequently became a Whig, and afterward a Republican. He was elected to the Assembly in the fall of 1848.

MARRIAGES.

Powell—Jarvis.—In Piqua, O., December 24th, 1878, at the residence of the bride's parents, by the Rev. J. H. Burton, W. S. Powell, M.D., of Defiance, O. and Miss Libbie J. Jarvis.

DEATHS.

Golder.—In New York, on Monday, Dec. 30th, Valentine Mott Golder, M.D., only son of Dr. R. Henry and Catharine V. Golder, in the 31st year of his age.

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Communications.

BRIEF HINTS ON THE PROGRESS OF OTOLOGY, FOR 1878.

(*Concluded from p. 49.*)

Diseases of the Membrana Tympani.

All your readers are no doubt aware there are three layers in the membrana tympani, or external drumhead, viz., the outermost or dermoid layer, covered with the epidermis of the skin, the middle or fibrous layer, or membrana propria, and the internal layer, which is also covered with mucous membrane and epithelium. It was for a long time taught and published that all the blood vessels of the membrana tympani were to be found, on the one side in the continuation of the cutis only, and on the other side in the mucous membrane of the tympanum. More recent and careful investigations have been made by Kessel,* in which he states, "The results of my investigations show that nerves, blood and lymph vessels exist in the three chief layers of the membrana tympani, in the cutis, the *membrana propria*, and the mucous membrane." We see no mention of these investigations in the recent treatise of Dr Burnett.†

These careful experiments have been confirmed: see a recent paper "On the Blood-vessels and the Circulation in the Membrana Tympani and Manubrium Mallei." A series of investigations by Professor S. Moos,‡ of Heidelberg, with beautiful plates. The Professor was led to make these researches by finding blood-vessels in the substantia propria, in the case of a child, close to the manubrium of both membranæ tympani, which had been regarded at first, by him, as pathological; but subsequent investigations proved them to be a normal, and not a pathological condition.

This study of the membrana tympani is a subject which is worthy of the closest attention, and those who teach must themselves be well taught. At the present day the tendency is for men with but little experience and a superficial knowledge of a subject to rush into print in the form of books, for the instruction of, not only students, but practitioners older than themselves, and in some instances, able, by experience, to teach them. In a recent work,* which is admirably illustrated, there is also given a good description of the anatomy and physiology of the ear, with acoustic physiology, most of it condensed from recent German works, and a few hints from the author's own experiments, in confirmation of previous known facts. In the second part there is a description of the various instruments and apparatus, with an account of sound and hearing; but the author has omitted one of the most important of all the subjects in diagnosis, namely, "the characteristic appearances of the membrana tympani, its position, polish, thickness, mobility and light reflex, etc., on inspection. Also, no mention is made with regard to the auscultation of the ear, nor a description of the sounds to be distinguished on inflation. The whole chapter on examination of the ear requires careful revision, for not a word is said of the use of the forehead mirror in examining the deeper parts of the ear. In the section relating to chronic catarrhal inflammation of the middle ear there is not the slight-

* See Stricker, "Manual of Histology," p. 958. See, also, on the Nerves and Lymphatics of the Membrana Tympani, *Med. Centralblatt*, No. 23, 24, 1869.

† "A Treatise on the Ear." H. C. Lea, Philadelphia, 1877.

‡ "Archives Ophthalmology and Otology," opt. cit., p. 874.

* Burnett on the Ear, opt. cit.

est reference to the subject of prognosis. This is a subject requiring long years of experience and the treatment of a large number of cases carefully recorded.

Among the more recent contributions to otological literature, in book form, is a work which claims our attention and that of many who desire to make a careful study of, and want to arrive at a correct diagnosis concerning, diseases of the ear. It is an "Atlas of Diseases of the Membrana Tympani," by H. Macnaughton Jones, M.D. M. CH. F.R.C.S.I., Surgeon to the Cork Ophthalmic and Aural Hospital.* This is a quarto of 8 plates, with 63 figures drawn with great care, lithographed, and sold at a moderate sum. The author states that he has chosen for delineation only such cases as might furnish truthful representations of morbid states occurring continually, and which may at any time come under the notice of the practitioner, and aid him in diagnosing affections of the ear. The work has no pretensions to being a complete one, but in the drawings of the membranes, etc., the particular ones selected cover a large field in otological work.

These illustrations are not quite equal to those produced by Mr. Hinton, published in 1874, which consisted of an edition of only one hundred and sixty copies; the drawings were all water colors and by hand, costing five or six times the price of the present series, which fact diminished much of their usefulness. Neither are they as well executed as those of Dr. Adam Politzer, "The Membrana Tympani in Health and Disease," and twenty-four chromo-lithographs, prepared by himself and sent to this country, and published in 1869; but Dr. Jones' illustrations are superior in care, finish, and number of illustrations (being 63), to any others we have seen in this country. No practitioner can conscientiously undertake to diagnosticate the nature, extent, and character of aural affections without a knowledge of these various appearances of the membrana tympani, as it requires a familiar hand, a trained eye, and previous knowledge of what you are to look for. The full notes which are appended, and the appearances of a variety of conditions, will aid very much, even the practitioner, in being able to come to a satisfactory and correct diagnosis in many obscure affections of the ear.

We would recommend all who are desirous of treating diseases of the ear to obtain a copy of this beautiful and useful work, as, in conjunction with a general work, he may so fit himself as to treat knowingly and successfully most of the affections of the ear.

* Lindsay & Blakiston, Philadelphia.

Otitis Intermittens, and Otalgia Intermittens.

In the year 1871, Dr. Frederick E. Weber* described this form of otitis by relating the case of Dr. Harden, of Berlin, one of a number of cases of this disease. "It commenced September 10th, late in the afternoon, after a walk of one and a half hours' duration in very windy weather, with a singing, and immediately afterward buzzing noise, the sensation of obstruction and a diminution of hearing in the right ear. A slight nasal and pharyngeal catarrh, of a week's standing, induced the supposition of a transition of this condition through the Eustachian tube, associated with chilliness, headache, vertigo, extreme sensation of fatigue, gnawing pain and pulsating noises, and from eleven o'clock P.M. various boring, beating, and sometimes pressing pains, radiating toward the right eye, the inferior maxilla and the shoulder, with painful sensations when closing the mouth firmly, or opening it wide, which continued until nine A.M. next day. These symptoms, with stiffness of the neck, slight rigors for several evenings in succession, with marked inclination to perspire when in bed, continued until the 18th, when patient could leave his room and walk about, but with considerable diminution of hearing. The speculum showed hyperæmia of the external meatus and slight injection of the membrana tympani. The introduction of the Eustachian catheter repeatedly, air douche, with the use of iodide of potassium externally and internally, and the removal of a small quantity of tenacious turbid fluid, by aspiration through the catheter, caused an increased resonance of the patient's voice, a sensation of relief and marked increase of hearing. This process was repeated on the 25th; but as the improvement obtained was only transient, the membrana tympanum was perforated and a small quantity of muco-purulent fluid removed. This treatment was repeated without any material improvement of hearing, even after the catarrhal symptoms had disappeared.

On October 9th, after a walk of one and a half hours' duration, moderate pains again occurred in the ear, with pulsating noises; chilliness, loss of appetite and insipid taste set in, and after going to bed a sensation of oppression about the chest, with chilly sensations, gave way to a light fever and moderate, but marked general perspiration afterward. Next day, with the exception of abnormal sensation in, and general hyperæsthesia of, the ear, the patient was well enough. Toward night a repetition of yesterday's symp-

* Monatsschrift für Ohrenheilkunde, November 1871.

toms. The 11th and 12th presented the same occurrences as the two previous days. Quinine, in full doses, taken late on the 12th, prevented a return of the same symptoms next day. It was repeated on the two following days, and it caused a cessation of all abnormal sensations about the affected ear, and on the 18th the cavity of the tympanum was free from secretion, and the hearing almost entirely restored. This, with the other cases recorded by Dr. Weber, are proof of views formerly expressed by us, to the effect that many lesions considered to be middle ear catarrhs are referable to primary affections of the presiding nerves and malarious influences.

These observations were confirmed by us in numerous instances in our practice, especially in patients from the south and southwest, and the following case was reported by him:*—

CASE 1.—"*Intermittent Otitis.*" Miss M. H., aged 21, Green street, Philadelphia, daughter of wealthy parents, fair, delicate skin, small in stature, and not robust. She is the eldest child, has had what the mother calls a running from left ear for a long time, and has been under the care of four different physicians. The running would cease for a time, but after exposure would return. She came under the writer's care in January, 1871, and continued under careful and constant treatment until July, when she was discharged well, and has continued so up to this date.

The following were her symptoms and the condition of the ears. On examination the surface of the meatus was found studded with minute abscesses, some of them open, others in a swollen state with apices containing a minute portion of pus. If they were large they gave her considerable pain, until, discharging, they left the meatus slightly red and swollen. The membrana, tympani of the left ear was opaque, of the right normal. Hearing distance for low ticking watch on left side only $\frac{1}{30}$; right side $\frac{2}{3}\frac{5}{0}$. Discharge stains the pillow, and has some odor which is very annoying to the patient. Finding some slight dullness on percussion under one of the clavicles, and also being informed that cod-liver oil had checked the discharge, I recommended its continuance with extract of malt, nourishing animal diet with occasional use of iodide of iron in pills, directing a wash of sulphate of zinc, glycerin, and carbolic acid, with the use of Politzer's air douche. In three weeks the hearing distance improved to $\frac{1}{10}$, but no decrease in the discharge. She complained of more pain, therefore directed morphia to be added to the zinc injection, employing Clark's ear douche twice a day to wash out the meatus, which duty was carefully attended to by her mother. February 28th, no discharge for several days. Found the cod-liver oil was disturbing the stomach; directed small doses of strychnia with compound syrup of hypophosphites and sherry wine. This she took for some time with great advantage. She continued about the same during the months of March and April, at the end of which time she went to Annapolis, Maryland, a place she had been accustomed to visit for several years. On her return she had a slight chill every second day and an increase in the discharge from the ear. I at once took the hint, and gave her full doses of quinine, with entire relief to the chills, and also checking the *otitis*. The hearing of the left ear was not so good as that of the opposite one.

Another acute case recently occurred at the aural clinic of Jefferson College Hospital, and the following is a brief extract from the record book: January 11th; D. M. W., aged twenty-four, was attacked with malarious fever, with some symptoms of continued fever, such as chilliness with free perspiration, followed by debility. The ear of the left side was then attacked with pain of a most distressing character, which was partially relieved by the discharge of two furunculous abscesses. The use of mass hydrargyrum, dilute acids and large doses of quinine relieved these symptoms. He then applied at the aural clinic for relief of the deafness, as his hearing distance was only six inches for a twenty-inch watch. The meatus was found inflamed, swollen, and the points where the abscesses had discharged were still seen. The membrana tympani was hyperæmic and slightly drawn inward; the inflammation was chiefly around its edges. This state of things had existed for one week. He was directed to continue quinine, with the use of Politzer's air douche, and by the 13th of January he was able to resume his duties as one of the clinical clerks; hearing much improved, and icteroid color of the skin almost gone.

These observations have been confirmed by Voltolini* who has described several cases of ear disease which showed a similar intermittent character, and which were only relieved by quinine; he advises its use for a long time, but not in large doses. Both the "otitis intermittens and otal ia intermittens" were referred by Weber-Liel† to malarial neuralgia of the third branch of the fifth or trificial nerves, the otalgia being a malarial neuralgia, pure and simple. The otitis being an inflammatory affection, the expression of a vaso-

* Trans. Penn. State Med. Society, 1872.

* Monatsschrift für Ohrenheilkunde, No. 5 and No. 7, 1878.

† Ibid, No. 5, 1878. Boston Med. and Surg. Journal, Jan. 2, 1879.

motor trophic neurosis accompanying or produced by the neuralgic affection. I have noticed this same condition in "tinnitus aurium," also in furuncles of the ear, which no treatment relieved until the patient had taken full doses of quinine, with wine and nourishing diet, and this has been confirmed by Weber-Liel, who states that "neither the air douche, warm or cold applications, or morphine injections, prevent the recurrence of the nightly pains." In one case treated by the writer half a grain of morphia did not relieve the pain, when a large dose of quinine had the desired effect. How will it be now with those gentlemen who state that the quinine must be given up? Is quinine the cause of increasing catarrhal deafness, when so many good authorities state its great value in just such cases? In acute "Menière's disease" quinine is our sheet anchor, and "Charcot" and others have seen good results from its use in large and repeated doses. Although in this latter disease, which primarily affects the labyrinth, the deafness is incurable, still the brain and the life of the patient was saved by the use of the quinine.

Another valuable contribution to the "aural student," and, indeed, to all who see and treat diseases of the ear, is "the Pathological Anatomy of the Ear," by Hermann Schwartze, M.D., Professor in the University of Halle.* This admirable translation constitutes the sixth part of Kleb's "Handbook of Pathological Anatomy." It is essentially a handbook on the subject of which it treats, a small amount of space often sufficing to give the results of researches the laboriousness of which can only be appreciated by those who have been engaged in similar work. "The translation is issued both to show what has already been accomplished in this branch of otology, and with the hope of directing still further attention to pathological anatomy, the only solid foundation for a still further advance in our knowledge of diseases of the ear." Extract from translator's preface. Joseph Toynbee, of London, was the founder of the pathological anatomy of the ear, and his descriptive catalogue† of his (856) preparations in his museum, now in Hunter's Musuem of the College of Surgeons of London, is worthy of a visit from every student in this department. The only single large public collection of pathological preparations of the ear in Germany is stated to be found in the Pathological Institute of Leipzig, where it was formed by the late "Wendt," and placed under the care of Prof. E. Wagner. To show the thorough character of the work of Prof. Schwartze, he says, "Where the stated facts are not derived from personal observation and investigation, the result of nearly twenty years' experience in the anatomical and practical study of the human ear, the name of my authority is given in brackets."

*Translated by I. Orne Green, A.M. M.D. Boston, 1878, pp. 174.

†London, John Churchill, 1857, pp. 127

PREMATURE HUMAN MORTALITY.

BY T. S. SOZINSKEY, M.D., PH.D.,
Of Philadelphia.

In looking over some mortality statistics, which I had occasion to do recently, I was greatly impressed by the proportion of premature deaths. It is a painful subject to contemplate, but a very important one; for the welfare of the human race, the conservation of human life, is, or ought to be, the end and aim of almost all united efforts, social and governmental, as well as the labors, physical and mental, of every one. In this condensed article I propose to lay before the reader some facts in regard to the premature mortality in the United States as a whole, and in the city of Philadelphia, with a few remarks on the possibility of lessening it.

Now, in order to fully appreciate the facts to be given bearing on the mortality of the young, it will be necessary, first, to form something like a definite idea as to the natural limit of human life. I say *natural*, because no one surely can believe for a moment that persons who die at one, or five, or ten, or even fifty years of age die, properly speaking, natural deaths. Every man and woman should live, not to the average age of the whole population, but to the full age of the oldest. If all were equally perfect in constitution, to begin with, and were to lead similar lives under similar circumstances, this would undoubtedly be the case. Every one, however, of sound constitution at birth, who leads a life fairly in accordance with the laws of health, should live close on, if not actually to, the age of the oldest. Nearly all die within the limit of possible longevity, or, as Dr. Rush puts it, "Few persons appear to die of old age." People live, individually, a length of time which merely approximates more or less closely the period which they severally ought and would if they were free from inherited taints, and the conditions were favorable and properly regarded.

King David placed "the days of our years" at threescore and ten years, with a possibility of reaching fourscore; and Ecclesiasticus, who, judging from his writings, was a physician, says: "The number of a man's days at the most are an hundred years." M. Fleurens, after prolonged investigation, came

to the conclusion that a century is the natural limit of human life. The natural longevity of every species of animal he places at five times the period required for it to arrive at maturity. He thus formulates the law in the case of man; "man being twenty years in growing, lives five times twenty, that is a hundred years." Notwithstanding the opinion of a few scientific men to the contrary, I believe it is certain that some live to and even beyond a hundred years. A writer who has given close attention to the subject comes to the conclusion that of all deaths in the United States yearly five hundred are of centenarians. In the Census Report of 1870, 941 deaths are recorded as having occurred in persons between 90 and 95 years of age; and 565 in persons over 95. During the year 1876 there died in the city of Philadelphia, according to the report of the Board of Health, 12 persons aged from 100 to 110. It is safe to put down the possible age of man at a hundred years.

From the data given in the volume on mortality, of the United States Census Report for the year 1870, I have ciphered out the following interesting tables:—

The whole number of deaths, 492,263.
Males,.....260,673.
Females, ...231,590.

THE PERCENTAGE OF DEATHS OF EITHER SEX AT VARIOUS AGES.

MALES. Age.	Percentage of Deaths.	FEMALES. Age.	Percentage of Deaths.
Under 5.....	.....42.01	Under 5.....	.....40.48
5—10.....	5.26	5—10.....	5.44
10—15.....	3.14	10—15.....	3.36
15—20.....	3.62	15—20.....	4.63
20—25.....	4.80	20—25.....	5.80
25—30.....	4.11	25—30.....	4.13
30—35.....	3.63	30—35.....	4.35
35—40.....	3.91	35—40.....	4.27
40—45.....	3.67	40—45.....	3.57
45—50.....	3.66	45—50.....	2.84
50—55.....	3.65	50—55.....	2.85
55—60.....	3.00	55—60.....	2.34
60—65.....	3.47	60—65.....	2.94
65—70.....	3.13	65—70.....	2.71
70—75.....	3.02	70—75.....	2.90
75—80.....	2.29	75—80.....	2.42
80—85.....	1.85	80—85.....	2.05
85—90.....	0.84	85—90.....	1.00
90—95.....	0.36	90—95.....	0.45
95 and over.....	0.21	95 and over.....	0.32
Not given.....	0.34	Not given.....	0.15

The number of deaths here given for 1870 was equal to 1.28 per cent. of the population. In 1860 the death rate was 1.25, and in 1850 it was 1.39 per cent. of the population at the time. If all the deaths were reported, the mortality at any of these periods was much less than it generally is elsewhere. The death rate in England in 1876 was 2.121; in Scotland 2.1; and in Ireland 1.74 per cent. of the population. According to the most accurate statistics obtainable, the annual mortality of all Europe is 2 33 per cent. of the population. In the city of Philadelphia the deaths during 1876 were equal to 2.283 per cent. of the population.

I may remark that the tables just given are very interesting as showing the relative mortality of the sexes at different ages. It will be seen that 1.53 per cent. more males than females die under five years; that under 15 years 50.41 per cent. of males and 49.28 of females die, a difference of only 1.13 per cent; that from 15 to 40 years 20.07 per cent. of males and 24.18 of females die, a difference of 4.11 per cent.; and that 29.15 per cent. of the deaths of males are of persons over 40 years, and of these 3.26 per cent. are over 80 years, while 26.39 per cent. of the deaths of females are of persons over 40 years, and of these 3.82 are over 80 years, and so on.

From the annual report of the Health Officer of the City of Philadelphia for 1876, I obtain the following table:—

Age	Percentage of Deaths.
Under 1 year.....	.....24.08
1–2.....	7.89
2–5.....	8.41
5–10.....	3.99
10–15.....	1.63
15–20.....	3.39
20–30.....	9 87
30–40.....	9.64
40–50.....	8.31
50–60.....	6.64
60–70.....	6.73
70–80.....	5.82
80–90.....	2.88
90–100.....	0.56
100–110.....	0.06

The death rate at different ages, as indicated by the above national and local tables, reveal an appallingly large percentage of premature deaths. The statistics of Philadelphia may be taken as correct; those of the nation at large are only approximately so. Confining my attention to the record in Philadelphia, I notice that over 40.38 per cent of all deaths are of children under five years; 44.37 are of children under 10 years; 49.39 are of persons under 20 years; 77.21 are of persons under 50 years; 96.40 are of persons under 80 years; and only 3.50 are of persons over 80 years. These figures speak volumes. They indicate that the human race is in a rather degenerate state; that it is struggling hard for existence. Less than a half of all born live to maturity, and nearly all are sufferers. How many appear in this world to wage constantly a war for existence against the irresistible forces of nature! Within their frames the majority of the species bring with

them into being what puts them in deadly conflict with nature's laws; indeed, the soundest are constantly contending with her subtle and almighty forces. Even though we are free from taints of all kinds, and regulate our regimen or mode of life as thoroughly as possible, we are frequently, nay always, pressed upon to a degree. Could man place himself in harmony with the laws of nature, there would be no suffering, there would be no premature deaths, except, of course, from direct injury.

The proportion of premature deaths at present is unnecessarily large; it is possible to lessen it considerably. In the edition of 1876, of Carpenter's *Physiology*, I find the following remarks: "The difference in the annual rates of mortality between the most healthy and the most unhealthy localities in England, amounting to no less than 34 in a thousand, is almost entirely due to zymotic diseases, which might be nearly, if not completely, exterminated by well-directed sanitary arrangements. The lowest actual mortality is 11 per thousand, while the highest is 45 per thousand. The average mortality of all England in ordinary years is about 22 per thousand, or just double that to which it might be reduced." Similar remarks might be made about the mortality from zymotic diseases in this as well as in any other country. Doubtless, these, as well as many other diseases, would be far less frequent and fatal than they are if the race were sounder and stronger than it is. The physical improvement of mankind individually would do more than anything else to lessen the number of premature deaths from any and all causes. Nor is it irrational to hope for a great improvement in the human physique. The origin, growth, and health of man are subject to natural laws, which are reasonably well understood, and to some extent amenable to human control. Does it not follow that human culture is an art with a scientific basis? The human species can surely be cultivated with something like as great success as can any other animal species. From healthy, strong parents one can look with confidence for healthy, strong children; and with a due observance of the laws of health, bodily and mental, they should live until cut off by old age. And in speaking of the laws of health, nothing very intangible is referred to. They bear on the relations of life to food, air exercise, rest and temperature. With food proper in amount and quality, with air free from impurities, with the requisite amount and right kind of exercise of body and mind, with regular hours of rest, and with a temperature duly regulated by clothing and shelter, there is no reason in the world why all mankind, if healthy at birth, should not live and flourish for eighty, or even a hundred, years.

CLINICAL STUDIES OF INEBRIETY.

BY T. D. CROTHERS, M.D.,
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Inebriety from Sunstroke.

The more familiar we become with the early history of Inebriety, the more numerous the special exciting causes appear. In nearly every case we can distinguish some special event or circumstance which has developed or given shape and direction to a long train of diseased tendencies, ending in inebriety.

Conditions of profound exhaustion that are sudden and prolonged often react in an uncontrollable desire for food, or fluids relieve this state. Such instances are commonly seen in persons who suffer from sudden and powerful emotional disturbances—such as fear, anger, grief, joy—or in those deprived of food for a long time. Men on "Wall street" exhibit this in the ravenous eating and drinking after any special excitement, and many poor soldiers reduced to starvation in Southern prisons died on their return, from over indulgence, stimulated by an impulsive appetite which they were powerless to control.

Many instances are noted of inebriety originating from eating to excess, or drinking ice water in certain conditions. The derangement and shock to the system from these causes react in exhaustion and impulsive demands for relief.

The congestion and obscure changes from sunstroke, in the brain and nerve centres, are sometimes manifest in this way. If alcohol is given at this time it may fix the deranged functional activities, and bring on new pathological conditions, of which inebriety may be either the symptom or the disease. The disordered and suspended brain activities from the action of the heart in sunstroke are commonly followed by various physical and psychical symptoms, which in many cases are severe and protracted.

The action of alcohol at this time is marked by an unusual susceptibility to its poisonous effects. We have studied a number of cases of inebriety which apparently dated from sunstroke, and by grouping them the following divisions or classes seem to follow from their history.

First, those cases of sunstroke from which many complex physical and psychical symptoms follow, attended with anæmia and exhaustion, where alcohol given medicinally acted as an exciting cause, rapidly producing inebriety.

In the second class we are able to trace some special condition which antedated and probably acted as an exciting cause for the sunstroke, and at the same time indicated a deranged nutrient centre, or functional gastric disturbances which would naturally end in inebriety or some similar disorder.

In the third class the symptoms are largely psychical, and give no intimation of mental disorder. Inebriety here appears unexpectedly, and is attended with great prostration, etc.

The following are typical cases of the first class:—

Case 1.—A. A civil engineer, of healthy parents and of Scotch ancestry; temperate and in good health; was engaged in British India, building a railroad bridge; when nearly completed, it was washed away by a sudden freshet. Great exertions were put forth to complete it in a given time. Mr. A., being the only engineer, was obliged to oversee the work, requiring incessant labor and mental strain.

After a season of prolonged exposure to the sun for days, he was taken suddenly unconscious; removed to his boarding house, where, in all probability, he suffered from a mild attack of meningitis, the principal symptoms of which were partial unconsciousness, extreme pain and heat in the head, of paroxysmal character; delusions; face and eyes injected; clonic spasms, and great exhaustion, etc., lasting ten days or more, ending in a long period of convalescence.

He suffered from severe neuralgia and anæmia, and soon after returned to Scotland. Here the physician gave him brandy and beef tea as a medicine, for weeks, alternating it with beer and raw eggs.

Unexpectedly he became intoxicated, for the first time, and from that date he has been a constant drinker, using alcohol regularly every day, and at intervals of two months becoming very much intoxicated for two or three days at a time, then returning again to a regular allowance. Being a man of strong will he sought to avoid these paroxysms of drink by locking himself up or going away from temptation.

At such times he seemed bereft of reason, was irritable, and would resort to the lowest deception to procure spirits. This grew until he became daily intoxicated, and had frequently tonic and clonic spasms. At last he was sent to an inebriate asylum, where he grew better, went out, and after a relapse was returned. This continued for two years; then his mind began to fail, and he is now anæmic, melancholic, and much broken down.

It would seem that alcohol used during recovery from sunstroke was the exciting cause of his drinking; at least, it produced organic and functional derangements that resulted in inebriety.

This case was in all probability one of extreme exhaustion and progressive anæmia, following the meningitis. This was further increased by the use of alcohol. There are many reasons for supposing that inebriety would not have followed if alcohol had been withheld.

B., a retired merchant, who had, through a course of careful, temperate living and saving for thirty years, accumulated a large fortune. No history of any neurosal affection existed in the family. His parents died of consumption after sixty, and his brothers and sisters were healthy, temperate people. He was married, and all his life had been temperate, and for twenty-five years past he was a total abstainer, from principle, etc. In company with a brother he visited the silver mines of Colorado, with a view of investing some money. One day, after a long walk through the hot sun, and much exertion, he became suddenly unconscious, was carried into a cabin and remained in this condition for over an hour, then recovered partially, complaining of severe pain in the head, dizziness, etc. He was removed to a rude hotel near, where he remained for three weeks in his room, suffering from a low form of nervous fever. Paroxysmal headache, nausea, vomiting, and troubled visions followed; memory was disturbed and his mind was irritable, and general loss of functional power was present. He was treated with quinine and small doses of whisky every four hours; cinchonism following, the quinine was discontinued and the whisky was kept up.

A month later he returned home by easy journeys, and for six months following complained of severe headache and exhaustion at intervals, whenever he walked out, or over-exerted himself, in any way. During this time the free use of brandy and beef tea was recommended, and on several occasions he was intoxicated. Six months after all attempts to stop the alcohol was signaled by a return of his prostration, and head symptoms, etc. His mind and body both became feeble, and he rapidly merged into a chronic inebriate. He is now fleshy and comparatively well, although drinking with every opportunity.

In this case alcohol seems to have given direction to the disorder following sunstroke, and developed inebriety. The peculiar condition, probably hyperæmia of the brain, that existed was especially dangerous for the administration of alcohol, favoring the pathological condition of alcoholism and degeneration. There is no reason to suppose that inebriety would have followed in either case had no alcohol been given.

Case 3.—C. A. Clergyman in good health, and healthy parentage; while on an excursion, and after a long speech, exposed to the sun, was prostrated with sunstroke. He continued unconscious for nearly twenty-four hours, then recovered. For the next six months he was an invalid, and complained of depressing exhaustion after any exertion; neuralgia, headache, loss of memory, and derangement of sensation, were present; he gave up his charge and traveled for a year, with only temporary benefit. Becoming more anæmic he was advised by physicians to use brandy and cod-liver oil thr e times a day. Some relief followed, and the medicine was increased. He became intoxicated, and from this time rapidly merged into inebriety, of an impulsive type. He is now under treatment for inebriety, with delusions, and is very much broken down in health and mind, and probably never will permanently recover.

Case 4.—A traveling showman with no history, except that he was temperate, that is reliable. Suffered from sunstroke; was taken to the hospital, and for six months was treated for the sequel of this disorder, viz., anæmia, exhaustion and functional paralysis. When he came out of the hospital he began to use freely whisky and eggs. He regained his strength, but became within a few months a chronic inebriate, of the lowest form, and is now serving out a term of imprisonment for drunkenness.

In the second class there appears to have been some special condition or exciting cause predisposing to inebriety and favoring sunstroke. In such cases it is evident that inebriety was impending, and the use of alcohol was doubly dangerous. The lesion following sunstroke would very naturally develop the diathesis or predisposition existing before. In this case the sunstroke seemed to be the exciting cause.

Case 1.—B.; a lawyer with good family history and no special diseases inherited; drank beer in college and led an irregular life for some years, then reformed. After he was married and had built up a good practice, he complained of dizziness and exhaustion following any special exertion. Loss of appetite for days; then he would eat to surfeit and indicate great capriciousness of taste. He was excessively fond of ice and soda water drinks; would eat irregularly, sometimes at night, then early in the morning. He suffered from severe colic pains in the stomach, at times, then was low-spirited for days.

Anæmia and general functional derangement followed; this continued for years, without any special change for the worse.

After a long ride and exposure to the sun he was prostrated with sunstroke and carried home, where he suffered from hyperæmia of the brain. A low fever followed, and it was four months before he was convalescent. Soon after this he drank to intoxication, giving no reason except that he wanted to feel the effects of stimulants. From this he drank as often as opportunity occurred, and seemed to have no conception of his danger; only actuated by a morbid craving for stimulants, which obscured every other motive. He rapidly became a drunkard, and is now under treatment, a hopeless case.

Case 2.—J.; a merchant, inheriting inebriety on his father's side; temperate from his youth up, from principle. His temper was changeable, and his mind was impulsive and erratic.

His habits of living were irregular; he was hypochondriac, feared death, and was constantly using drugs of all kinds, for pains and threatened disorders. Functional derangements of both skin and the stomach were present. He worked hard every day, and spent the night restless and full of fears about his health, devising ways and means to build it up. He failed in business and was more nervous and dispirited. Became a believer in spiritualism, and while returning from a long visit to the Eddy brothers, in Vermont, was stricken down with sunstroke. After a few days he recovered in part, and was ordered whisky and eggs by a physician. From this time all his disorders vanished, and he became a constant drinker, night and day. Went into the hotel business and was wildly extravagant and reckless, and finally died, some years later, of delirium tremens.

Case 3.—H.; an eclectic physician, who had served as hospital steward during the war. A weak-minded man, who was filled with the delusion that some vegetable remedy would be found to cure all diseases; hence, he was constantly experimenting with all kinds of roots, etc. He was of nervous, excitable disposition, and frequently starved himself, from some peculiar physiological notions, etc. Was at one time a Grahamite; then weighed out so much food every day, calculated upon the amount of exertion he made. Was anæmic and full of delusions, although much respected and patronized. While digging roots he was made unconscious by the heat, and suffered from excessive exhaustion and dizziness for days after. Then he called a council of physicians, who urged him to take brandy and beef tea. This treatment resulted in sudden and profound intoxication, and utter want of control ever after, drinking at all times, and only governed by circumstances and surroundings. He is now an inmate of an insane asylum, for insane drunkenness.

These cases illustrate clearly the predisposition that existed before, and the sunstroke followed as an accidental coincidence.

Other cases are met in which no special symptoms precede or follow the attack, giving intimations of inebriety. The causes are central and psychical, and are not recognized in most cases.

The following cases are typical ones:—

Case 4.—H., a physician in good health and temperate; much overworked; was prostrated with sunstroke and recovered in a few days; went away to the seashore for two months, and was very much restored. No special sequel followed, and for a year after he was in excellent health. Then, all unexpectedly, he began to drink to intoxication, and kept it up day after day. His mind failed, and he died a year later, in convulsions, from alcoholism.

Case 5.—J.; a manufacturer and inventor, in successful business, in good health, and very temperate in all his habits, went down to visit a son in the army of the Potomac. He contracted dysentery, and on the way to Washington suffered from sunstroke, and remained in that city for six weeks before he was able to return home. He suffered from general exhaustion, without any pain or other symptom. In a year he had fully recovered. Two years later he came home intoxicated, and could give no statement or history of this occurrence. A few weeks later he drank again to intoxication, with the same loss of memory. From this time he continued to grow worse, drinking very often and very impulsively, without any reason or apparent consciousness of his acts. He was sent to an insane asylum and remained there two years, recovering, and resuming his business. A few months later he drank again, in the same unconscious manner, and was returned to the asylum.

From this time up to the present he has been alternately drinking and undergoing treatment in an asylum, sometimes remaining sober for a year, then not more than one or two months. He is very much shattered in both body and mind, and has suffered from partial paralysis.

Cases of this last type are quite common, and in many instances can be traced directly to some obscure brain lesion, beginning with the sunstroke.

Often this event has preceded the inebriety for months and years; although often forgotten, the connection can only be discovered by an intimate inquiry into the history of the case.

Whether inebriety is only an accidental form of neurosis originating from the presence of some exciting causes, or whether it follows as a natural sequence of the anæmia and exhaustion from the effect of heat, is yet to be determined.

Some very interesting data have been made from the numerous cases of sunstroke during the past summer, which seem to indicate that the most severe and fatal cases were those who were inebriates or had been drinkers, also those suffering from dyspepsia and anæmia with perverted nutrient disturbances, etc. One case has come under our observation, of a man who, ten years ago, had a partial sunstroke, and who has been an uncontrollable inebriate since that time.

From these cases and hints, I think some inferences may be clearly drawn, as follows:—

First. That the use of alcohol in cases that have suffered from sunstroke is exceedingly dangerous, and liable to be followed by evil consequences.

Second. The obscure lesions following sunstroke very commonly react in inebriety, and should be treated in view of this possible termination.

Third. Inebriety dating from sunstroke directly or indirectly is more or less incurable, and of very uncertain prognosis.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. DACOSTA, JANUARY 11th, 1879.

REPORTED BY F. WOODBURY, M.D.

Diagnosis and Treatment of Scurvy. Remarks on Scurvy in Civil Life.

Gentlemen:—The first cases I will show you this morning are not very frequently encountered in private practice, although we see them quite often in the hospital. These two men are both suffering from scurvy; they have been in the wards but a short time.

Case 1.—T. H.; is thirty-five years of age; as you see, he is a strong, well-built, English sailor. While on a two-months' voyage, from Cardiff, Wales, to Carthagena, Spain, and hence to Philadelphia, he lived almost exclusively upon salt provisions. About two weeks previous to his admission to this hospital, which was only day before yesterday, he began to suffer from pains in the bones and large joints; and the ankles, particularly the left, became swollen. In consequence of this he was obliged to stop work about eight days before entering the ward. He has had no fever, has slept at night; his bowels have been constipated. He has a moderate amount of debility. What he came in for, and what, in truth, seemed to be the most marked symptom, was the peculiar rheumatic pain. I use the term rheumatic rather in the sense in which the patient used it, than in my own; more correct would it be to say that he had pains, particularly around the left ankle joint. I may say, therefore, that the trouble in the knees and ankles has been the prominent feature of the condition for which he sought relief. We examined him yesterday, and accompanying the

pains we found, what you shall now see for yourselves, ecchymotic spots on the inner aspect of the left ankle. The skin appears glazed over this spot, even suggesting that something has been painted over it, which the resident physician assures me has not been the case; it looks exactly as if it had been brushed with collodion. The patient complains of want of power in the knee and some pain on motion of the joint. There are no well-marked spots except these you see; a few higher up are less evident. I have already told you that he had also general pains, although it is only the left side which presents this peculiar appearance which you observe here. Now we turn to the other symptoms. What is most peculiar, and really gave us the clue to this case, is the condition of the gums. They are swollen, red and soft; this I find is more marked in the upper than in the lower jaw. Look at this gum! It is characteristic; it is the *spongy gum* of scurvy. The tongue is clean. The breath, at first, was fetid; it is less so to-day. The bowels have been constipated.

The urine has been examined and found to be acid, and free from albumen. The axillary temperature is normal, only 98½° Fahr.

Listening to the chest, more particularly to the heart, I find a soft systolic murmur, most marked over the body of the left ventricle. The area of splenic dullness is large, and extends to the margin of the ribs. Hepatic dullness is normal. There are no signs of dropsy. He has no cough, and has had no hemorrhage from the lungs or nose. This completes the clinical record of the case.

Now I will bring before you patient number two. This is a less well-marked case; and, indeed, were it not that we were aware that he came from the same ship, and had, therefore, been exposed to the same diet and similar circumstances, his scorbutic condition might have been overlooked. It is a case upon which we should dwell less, and this feature might, in truth, have entirely escaped observation. He complains also of what he calls rheumatism, or, if you will excuse the term, pseudo-rheumatic pains, false rheumatism. He labors under more debility than his shipmate.

Case 2 is William B., 32 years old. He has the same shooting pains in the legs that number one presents, and looking into his mouth we find that he has the same spongy, scorbutic gum, the same clean tongue. No fever; no albuminuria; no marked dyspeptic symptoms, but the bowels have been constipated. There has been no special depression of mind that he has noticed.

Now, gentlemen, this case is not quite so pure a case as the first, only for the reason that a history of syphilitic infection exists here, and we might well have attributed the pains in the case to the specific complication, were it not for the appearance of the gums and the fact that he came from the same ship as the preceding and more typical case did.

I will only add, and this belongs to the clinical history, that we have the same systolic murmur in this patient that we noticed in number one, except that there co-exists greater rapidity of the heart's action and more signs of debility.

Having examined these two cases, let us now group them together, and see in what points they are alike, and where they differ, and finally make a few explanatory remarks.

Let me, first, call your attention to the causative element in these two cases of scorbutic disease. Sailors exposed for a long time to the same diet, with the hardships incident to their occupation, with insufficient food—insufficient in so far as it is composed of salt provisions, which fail to meet the requirements of the system—are peculiarly liable to suffer in this way. Scurvy, as we now know, is caused most commonly by the withdrawal of the vegetable juices from the daily food, but it is also produced by oneness or sameness of diet, and may be induced by one purely animal. Even fresh meat, if exclusively or inordinately eaten, will cause it after a while; because those elements in the blood that are to be furnished by the vegetable structures are necessarily deficient. It is a mistake to suppose that only salt food can produce scurvy, for it may also occur while eating fresh meat, but we must admit that the salt food causes it more rapidly and completely.

This much for the causation; let us now see if anything of interest is discovered in glancing over the symptoms these cases mutually present. Have we here marked cases of scurvy? and what are the significant symptoms of this malady?

First, Are these marked cases of scurvy? I have called your attention to the rheumatic or pseudo-rheumatic pains in the lower extremities. These are the common accompaniments of scurvy, as a general rule. Patients will come to consult you for rheumatism; and it is only by the light thrown upon the case by the character and locality of the pain, and the co-existing symptoms, that you see that it is not one of rheumatism. Pains and aching in the bones, stiffness in the joints, with suffering increased by motion—these are the essential features of the pseudo-rheumatic pains that accompany scurvy. My experience is that these painful seizures are almost always confined to the lower extremities; or, at least, it will be there where they will be most marked. Both cases have this symptom, and both cases have spongy gums—of all signs the most significant one of scurvy. While we may have suspected scorbutus, I do not think that we could have determined this diagnosis positively in these cases without the aid of this striking appearance of the gums, characteristic of scurvy. Both patients have a clean tongue, fetid breath and constipated bowels—also common symptoms of the malady. In this they are also both alike. But in No. 1 we have additional points, not observed in No. 2. We have ecchymosis around the ankle, with a glazed appearance of the skin, which I have found to be very common, if not characteristic of scorbutic extravasations. This patient also has some enlargement of the spleen, and as he has never had malarial fever, the marked enlargement of the spleen has the greater significance.

We also have here a feature which is not ordinarily known in connection with scurvy, that is, the existence of a systolic murmur in the heart. In No. 1 it is more marked than in No. 2; but it is heard over the left ventricle in both cases. There are no signs of valvular disease, nor of cardiac enlargement; these sounds are simply blood murmurs.

I have now given you the general symptoms, and when I have said that neither have had any fever, and in neither has any evidence of renal

disorder occurred, I have exhausted the clinical points presented by these cases.

You will ask me, do such cases occur in private practice? To this I must answer both yes and no. Marked instances of scurvy you are not apt to find in private practice, but less marked or semi-scorbutic conditions from imperfect nourishment, we do have, and not infrequently. Cases I could cite from my experience, occurring in families of the higher walks of life; dyspeptic patients, who, having digestive trouble, first drop one article of food and then another, until, finally, they come to mainly a meat diet, or milk, and live almost exclusively upon one article, and this in insufficient quantity. They tell you that they have a poor appetite, cannot eat, everything disagrees with them, and you find that they are scorbutic. They may roll in carriages, and be surrounded by wealth and luxury, but they are starving on insufficient food. You will not expect to find in such patients these well-marked symptoms of scurvy, but you will notice the evident exhaustion, the spongy gums, the clean tongue, the fetid breath, the tendency to constipation, and peculiar pains. To this latter symptom I must again call your attention, particularly in private practice. These pains, similar to rheumatism—pseudo-rheumatic, if you choose—constitute the principal complaint for which the patient seeks the physician; for which he uses liniments, electricity, and goes to the watering places and baths, but all in vain. His pains get no better. He almost always supposes that he is rheumatic. *Now*, gentlemen, you will understand the cause; it is scurvy, though poorly developed; you will be enabled to cure such cases by recognizing the cause, and treating them intelligently. Many, many cases I have helped in this manner, by putting them upon a varied diet, and carefully attending to their hygienic conditions, and general treatment suggested by the condition of the blood. In this, which I may call the scurvy of civil life, I have also found these ecchymotic spots, in patients living in luxury and having everything around them to gratify their tastes.

We now come to the question of treatment: what shall we do for such patients. First, those like No. 1, pure cases of scurvy, must have a varied diet, composed largely of fresh fruits, vegetables, spinach, etc. Onions are an excellent anti-scorbutic, although, perhaps not very pleasant for those who are in patient's immediate neighborhood; potatoes are a so valuable; oranges, lemons, apples, and as varied a diet as the season affords may be given; in other words, we should introduce the elements of fresh vegetables in the most convenient form. Generally you can do this, but where you cannot adopt it at once, you will find that lemonade, freely used, will prove a valuable substitute. In addition, the patient may have fish, always provided that it is not salted.

When we turn to the question of treatment, irrespective of diet, upon which, however, I would lay the most stress, we find that mineral acids do the most good. Of course, where there is an anæmic murmur you would also think of iron. In fact, he is now taking an acidulated tincture of iron—

℞. Tinct. ferri chlorid., gtt. xx
Acid. muriatic., gtt. x. M.

given largely diluted with water, three times a day. Upon this treatment we will keep him, with considerably hopes for success.

In Case I, we must modify the treatment, on account of his specific history; you may have noticed the remains of an old syphilitic eruption upon his face. We shall give him the same diet and the same prescription, but, in addition, a twentieth of a grain of bichloride of mercury with each dose.

We shall not now stop to speculate whether these attacks might have been prevented, by the use of lime juice, which all captains should carry with them when going on a long voyage. Whether they could be prevented or not, is an interesting question, but we have already spent too much time upon other points to stop now to discuss it; nor, indeed, does it properly belong to the clinical appearances of scurvy which I have this morning endeavored to show you.

Apoplexy with Hemiplegia, and Syphilitic Brain Disease. Rapid Recovery Under Iodide of Potassium.

The next case to which I wish to call your attention is one of brain disease.

This patient has been in the hospital since December 30th, 1878. His name is Henry T., 36 years of age; he is a butcher. Fifteen years ago he contracted primary syphilis, followed by well marked secondary symptoms, skin eruption, sore throat, falling out of hair, etc. Three or four months before admission to the hospital he was attacked with a severe pain in the left side of his head, which was so violent as to confine him to bed, and require the use of chloroform. I call your attention to this history, particularly the early history, for it will bear very closely upon the clinical consideration of the case. This severe pain was relieved in a few days, and he was able to return to work in a provision store.

I will now put several questions to him, which could hardly be done before, on account of his dull condition, but which relate to some points that it is important for us to learn. He tells us that following this severe pain he had headaches occasionally, and sometimes giddiness; but never falling until the day of admission. He has not been losing flesh. His eyesight has not been disturbed. I have now filled up the space in our record from the time that he was first taken to the day he came into the hospital. We find that in this intervening period he was not entirely free from pain and vertigo, but there was no involvement of any of the special senses. He says, positively, that he did not escape headache for more than two days at a time, since his first attack, to the time of entering the hospital.

On the morning of admission, while apparently in health, he was seized with marked dizziness and loss of power in the left arm and leg, falling suddenly to the floor. I have not said that he become completely unconscious, but his mind was so confused by the vertigo that he cannot tell much about the attack, except that he suddenly fell. At all events, his consciousness was materially impaired: he had marked difficulty in speech; and a severe pain in the right frontal region. This attack had not been preceded by a headache, and

he was not engaged in violent exertion or straining at the time; he says that he was simply tying his necktie. Let us add to this record that he never suffered from inflammatory rheumatism, and has had no disease of the heart or kidneys; he has had, however, undoubted evidences of constitutional syphilis.

The man was brought into the hospital with loss of power on the entire left side of the body. With the paralysis of the arm and leg, there was effacement of the wrinkles in the corresponding side of the face, with inability to tightly close the eye, and loss of power of external rectus, as shown by inability to rotate the eyeball to the outer canthus. The pupils were moderately dilated, but were not irregular; they responded sluggishly to the light. His mental condition was dull; he answered questions reluctantly and slowly, but intelligibly; his speech was thick, on account of some trouble in managing the tongue, but there was no aphasia, strictly speaking; the words he used were correctly used. He was drowsy and dozing, and yet complained that he was prevented from sleeping by the severe supra-orbital pain in the right side. It was difficult to decide in regard to sensation, on account of his condition, but as far as could be observed sensibility was not lost, and certainly reflex excitability was well marked. I have only to add that he had a strongly-acting heart, and it was found that there was a small amount of albuminuria, which was only temporary, and belonged to the attack; it had not been there previously. There has been a small amount of albumen in the urine since his admission to the hospital, but it has to-day disappeared. It was the consequence and not the cause of the attack. Therefore the statement made a few moments ago, that there was no previous disease of the kidneys, was a correct one, but it needed this explanation.

You see he has markedly improved. Twelve days after the seizure, the left arm, which he could not move when he came in, he now lifts up readily. He has a pretty firm grasp, but still it is not as strong in the left as in the right hand. He can walk and kick with the left leg, but it is feebler than the right. Sensation is good on both sides. To complete this record I will state that yesterday we examined the eyes, and find that there is no evidence of optic neuritis, but that there were, in both eyes, minute retinal hemorrhages, chiefly distributed along the course of the arteries; these were not of recent appearance.

I have now spoken of everything in the case except the treatment. He was purged with croton oil. Blisters were applied to the neck, and he was ordered large and frequent doses of iodide of potassium, ten grains every three hours, being almost constantly given. Under this treatment, as you see, the man has so completely recovered that if you had not heard this history of well-marked hemiplegia, you could not believe that he had recently been so ill. The facial palsy has not entirely disappeared; when he tries to whistle the left cheek puffs out. This shows that some lesion still exists, similar to that affecting the arm and the leg, where we saw that while there is a great return, there is still some loss of power.

Now let us inquire what has been the trouble here! Was the treatment a proper one? And should the treatment be now modified? You have heard the history; you see the patient now walking out of the room; noticing his gait you want to know what is the matter with the man, under what he has suffered, and what may be his future.

This man has had a blood clot in the brain, which caused the attack for which he was admitted. This clot exists in the corpus striatum, or in a great centre of the motor tract on the right side of the brain. The clot was a small one, or only of moderate size. Why do I say this? Because only a clot or an embolus could explain this sudden attack of palsy—a man in health suddenly falls to the ground and finds himself paralyzed. Nothing but an extravasation of blood or the closing of vessels by a plug could produce this. But in the absence of disease of the heart, the common causing element of embolism, considering the suddenness of the attack, which is again in favor of clot rather than embolism (though both are rapid), and from his speedy recovery, I must pronounce in favor of a clot, which is more apt to rapidly disappear than a plug. Owing to the fact that the loss of consciousness was not quite complete, and witnessing the rapid improvement, I further conclude that the clot was a small one. In a large extravasation consciousness would be completely lost, and being slowly absorbed, its effects would be proportionately lasting. Now what are my reasons for locating it in a great motor ganglion or centre upon the right side of the brain? They are very evident, from your study of the effects of brain lesions. Loss of power in the left arm, leg and face, without marked impairment of sensibility, point to the motor tract, most probably the corpus striatum of the opposite side. I need not dwell longer upon this point; the cerebral symptoms show that the injury is not of spinal origin.

I have said the immediate lesion was a clot. Is all this a mere attack of apoplexy, or is there something else lying back of it? Only a clot or something more? I think that there is something behind it. Now, with the evidence of eye disorder, which could only be surmised on admission, I say that he has organic syphilitic disease of the brain. He has brittle arteries, from syphilitic degeneration. Arteries whose coats have become so diseased as to readily break; which is one of the consequences of syphilis when long standing. The attacks of vertigo are indications strongly in that direction, furnishing evidence of previous disease of the cerebral vessels; syphilitic arteries, you may term them. But will this explain the entire trouble? Hardly. This is due to one of two causes. There is either syphilitic disease of the base of the brain, in the form of a small gummous tumor, or else syphilitic meningitis accompanying the disease of the arteries I have already explained to you. If you ask me which it is more likely to be, I would answer the latter, for the character of the symptoms is more in favor of a meningitis than an exudation.

The hour having expired, I will be unable to explain the rationale of the treatment by the iodide of potassium, blisters and purging, which has been so signally successful. In closing, I will merely state that the iodide shall be continued, in order to favor the removal of this extravasation existing at the base of the brain, while we carefully watch over his general condition.

Editorial Department

Periscope.

Experiments in Transfusion.

At a late meeting of the Société de Biologie. Dr. Brown-Séquard gave an interesting account of his experiments on transfusion. He had made use of different sorts of liquid for transfusion, such as normal blood, blood without its fibrine, and milk. In each case he found the results to be the same, but in the case of the milk the quantity that it was necessary to inject was more considerable than in the others. Ninety-five grammes of blood were drawn from a dog, and were replaced by the same amount of milk. Shortly after the operation (about forty-five minutes), there was no trace of milk globules to be found in the blood, and the dog has continued in excellent health ever since the operation, which took place more than five months ago. M. Malassez found, upon examining the blood after transfusion, a greater number of white globules than normal. In concluding his remarks, Dr. Brown-Séquard expressed the opinion that the liquid injected should be at least of a temperature of 10° to 12° C. It was preferable, he thought, to choose the arteries rather than the veins, and recommended the operation to be done very slowly, in order to allow the liquid injection to acquire the temperature of the blood. Transfusion also succeeds in animals when the blood made use of comes from a species of animal different from that of the one under experiment.

The Nature and Treatment of Acne.

At a recent meeting of a branch of the British Medical Association, Dr. J. Herbert Stowers read a paper on the nature and treatment of acne. He considered acne one of a distinct group, including diseases of the glandular system. It prevailed from puberty to thirty years of age. Acne rosacea was distinct from all the other varieties, which were merely stages. In the first stage, there were nodules, with comedones; then came acne coniformis, with inflammation; then acne pustulosa, with more inflammation; and, fourthly, acne tuberculata, with infiltration around. Debility was the great disposing cause. In the syphilitic form, the pimples were indurated and left discolored marks. He referred to iodine and bromine acne. The iodine form showed less tendency to become pustular; the bromine form was larger. He considered separately acne rosacea. It was six times more common in females, and was due to constitutional causes. Inflammatory congestion was the primary disorder, generally produced by too much alcohol and too little food. The treatment of acne was to avoid pastry, cheese and stimulants, and give salines with or without iron, remove comedones with warm soap and water after steaming. Turkish baths were useful. He recommended dilute citrine ointment with one-third sulphur vaseline, etc.; a lotion of bichloride of mercury with bismuth and oxide of zinc, or of sulphur, camphor, glycerine and lime water. Apply the lotion twenty or thirty times daily, and use ointment at night. In acne pustulosa, the internal use of sulphide of calcium in doses of one-sixth of a grain was useful. Indurated points were to be touched with acid nitrate of mercury, or strong perchloride of iron. He recommended perseverance in treatment. Acne rosacea was very amenable. All excitants, alcohol, etc., were to be removed, and soups avoided, substituting gruel. Iron, with arsenic or mercury, should be used, and lotion, with sulphur precipitated, very frequently applied. When there was chronic dyspepsia, oxide of silver in grain doses three times a day was useful. When congestion was less, zinc ointment, with ten grains of carbolic acid to the drachm, might be applied.

The Skin in Tinea Tonsurans.

Dr. Frederick Taylor lately read a paper before the London Medical Society, on the condition of the skin in tinea tonsurans. The subject of the disease died of tubercle of the cerebellum, after a long illness, and the ringworm was only partially treated. A portion of the scalp was hardened in alcohol and chromic acid, and sections were stained in logwood and picrocarmina. The results of the examination were as follows: Numerous hairs were affected by the fungus, some in an early stage, others in an advanced stage. In the former the hair retained its form, and had within it simply a varying number of mycelium threads running parallel to its length. In the later stage the hair was obscured by a crowd of spores closely packed in the follicle; in the middle of these the outline of the hair was seen, but its substance seemed to be completely destroyed or replaced by mycelium threads running in a longitudinal direction. In a downward direction the fungus did not reach beyond the upper end of the bulb of the hair. The hair papillæ were never invaded. Laterally, the spread of the fungus was limited by the inner root sheath, with which, in advanced stages, the spores were in contact. The integrity of this sheath was maintained, even where the follicle was choked with spores. The outer root sheath never showed any trace of fungus; nor did the follicle walls, subcutaneous tissue, cutis, and mucous layer of the epidermis. So much of the horny layer of the epidermis as remained in these specimens showed no fungus, even in the immediate neighborhood of diseased hairs. The diseased hairs were not twisted or broken, as in Dr. Thin's specimens (paper read before the Society, March 26th, 1878), nor were any but the merest traces of inflammatory action present. From these results it appeared that the fungus invades the hair proper and advances in its substance down toward the bulb; that it never advances far into the bulb or attacks such tissues as the root sheaths; that its growth in the follicle is

determined by the supply of hair from the papilla, the freshly formed soft cells resisting its action until in their turn they assume the characteristics of the proper hair substance; that should the papilla fail to form new hair cells, the fungus must shortly starve.

The Diet of the Gouty.

In a late lecture on "gouty heart," Dr. J. M. Fothergill gives these directions about diet: The patient should be put upon a dietary which should consist of farinaceous material, fruit, fat, and fish. Fish, of course, contains nitrogen, like all other flesh, but a gouty person may eat a good meal of fish, and enjoy it, without getting any great excess of azotized material. Then he should take a good amount of vegetables of all kinds; in winter, potatoes, turnips, carrots, winter greens; in spring, spinach, but not much asparagus, for that vegetable contains a quantity of oxalates which tease a gouty system annoyingly. Consequently, rhubarb is to be avoided; and salads, which should form a portion of the daily dietary of the gouty all the year round, as far as possible, should never contain sorrel, the *Rumex acetosus*, on account of the oxalates present in it. Greens of all kinds, except those just mentioned, cooked and uncooked, should form a considerable portion of the dietary. A lobster salad is the typical food of the gouty man whose digestion is perfect. In those gouty people who are also dyspeptic, such food is inadmissible and the dietary is a limited one. But dyspepsia usually protects the system of the gouty, and, in fact, takes care of it. The gouty dyspeptic usually attains a good old age. In those whose hearts are dilated as well as hypertrophied, it is well to see that the food does not produce flatulence, which is not only uncomfortable, but is not without danger, as the elastic gases press upon the heart through the thin diaphragm, and impede its action, as well as to a certain extent opposing the filling of the chambers during diastole.

The Ethylates of Sodium and Potassium.

These are caustic alcohols. Dr. Benjamin W. Richardson, of London, gives the following experimental case with them (*Lancet*, Nov. 1878).

In 1870 I treated with the ethylate a case of nævus on the neck of a child two years old. Not more than six applications of the fluid were made when the nævus was entirely removed, and a sound surface was left. The nævus in this instance was so small I did not consider the trial of sufficient value; but soon afterward my friend, Mr. Gay, was good enough to show me a case of nævus of the scalp in a child under his care at the Great Northern Hospital. The nævus was of the full size of a half-crown, and extremely prominent. It had been treated on various plans—by tying, by nitric acid, and other methods, but without success. Mr. Gay having consented to my request that the ethylate should be applied in this case, I sent a specimen of the remedy to the hospital, for use there. Instead of this the patient was sent to my house, that I might apply the caustic myself. I commenced by covering the nævus lightly with the solution. The application gave very little pain, but soon a dark surface showed that the caustic had taken effect. Three days afterward a firm, hard incrustation had formed where the caustic had been applied, which incrustation I did not then remove. A few days later, the hard crust being loose, I gently raised it away, to find the nævus greatly reduced in size. The ethylate was again applied to the surface of the nævus, and the same process was continued until the nævus was entirely removed, and a natural surface was left. The case was under my treatment nine weeks and three days. Some time afterward the child was brought to me so completely well that it was not easy to discover where the nævus had been.

Reviews and Book Notices.

BOOK NOTICES.

The Science and Practice of Surgery. Including special chapters by different authors. By Frederick James Gant, F.R.C.S., etc. Second edition, revised or rewritten, with 969 illustrations. In two volumes. Philadelphia, Lindsay & Blakiston. pp. 848, 939. Price, cloth, $12, leather, $14.

The author of this work is Senior Surgeon to the Royal Free Hospital, London, and as a metropolitan surgeon, has enjoyed a wide experience in the chirurgical art. As an author, his name has been familiar to the English reading medical public for many years.

The treatise he presents is intended to cover the whole domain of surgery. As stated in the title, the author has been assisted by various others, all of them of acknowledged position. Thus he mentions that the chapters on diseases of the eye, that on the ear, that on the throat, that on the skin, and that on diseases of the female genital organs, have been revised by distinguished specialists in those departments. We may, therefore, justly conclude that it has been well done; and on turning to a number of subjects, we have found them carefully and ably handed. The points which have impressed us most are the full references to the works of others, the ample discussions of debated points, the extensive arrays of cases and their results, and the number and variety of the illustrations in the text. In all these respects the work is not surpassed by any other that we can name.

Nevertheless, it is a fact that it is no longer possible to present anything like a full treatment of surgery in two volumes, even of nearly a thousand pages each; and we think Mr. Gant and all other surgical writers might as well give up the attempt. For instance, the whole of the subject of "Injuries

and Diseases of the Female Genital Organs" is squeezed into less than twenty medium octavo pages—less than the compass of the reading matter of a single number of this journal. And the same might be adduced of half a dozen other not less important topics. It is vain to suppose that any but the most superficial sketch of subjects can be given with such brevity.

Various slight errors and omissions have struck the eye in looking over the work. For instance, Dr. L. Bauer is not "of Philadelphia" (p. 418, vol ii); it is very absurd to speak of the introduction of the speculum as "demoralizing" (vol. i, p. 357); it is hardly correct to say that the pathological histology of syphilis exhibits "nothing remarkable" (vol. i, p. 270); the use of curare in hydrophobia should have been mentioned, etc. But these slight criticisms will not detract from the general merit of the work; it is a carefully studied production, and will, no doubt, meet with an appreciative reception.

NOTES ON CURRENT LITERATURE.

——In a neat pamphlet three cases of optic neuritis are described by Dr. C. J. Lundy, of Detroit.

——The Philadelphia *Chemist and Druggist* has changed its title to "The Monthly Review of Medicine and Pharmacy," and will hereafter be published by Keasbey & Mattison.

——Dr. Henry Gibbons, Jr., of San Francisco, gives, under the title "Fifty Years Ago," an interesting sketch of medicine in America about 1828. It is an exceedingly well-merited tribute to the surgeons and physicians of a past generation.

——The value of absent "tendon reflex," a diagnostic point we explained and discussed in the REPORTER, current volume, p. 18, is further studied by Dr. Allan M. Hamilton, in a reprint from the Boston *Medical and Surgical Journal*. His results are not so definite as those we mentioned, on the page referred to.

——Dr. W. J. Hoffman, of the United States Geological and Geographical Survey, sends us a reprint of his article on the mineralogy of Nevada. Nevada is rich, not only in precious metals and rare minerals, but in sulphur, thermal and saline springs, a number of which are described by Dr. Hoffman.

——Dr. Geo. M. Beard brings out, in a reprint from the *Journal of Inebriety*, another one of his valuable studies of mental morbid states. The title is "Are Inebriates Automatons?" He concludes that sea air has a peculiarly strong influence to excite to "tippling strong liquor galore," as the old song says. It suggests that the general demand for such things among watering place visitors may be of a sort of automatic character. He also has an interesting note on the "Jumping Frenchmen" in Maine, and the "Holy Rollers" in Vermont, the latter a class of revivalists who roll over and over on the ground when they "get religion."

——Dr. E. A. Groux, the individual who for twenty years and more went from college to college, showing his chest without a sternum, and an apparent power of voluntarily suspending the heart's action, died in Brooklyn last year, and the Proceedings of the Kings Co. Medical Society has an article on his anatomy, by Dr. Charles Jewett.

——Of all the daring and original suggestions in sanitary science, the most so is that contained in a paper read before the Maine Medical Association, by Dr. George F. French, of Portland, on the best means of eradicating syphilis. The author has discovered a means which he thinks will extirpate the disease to a surety. It is this: Let every man who has syphilis forthwith be castrated; let every woman who has syphilis be spayed!! The suggestion takes our breath away to that extent that comment is impossible.

——Another letter *in re* Hammond vs. Grissom; this time from the plaintiff, who promises G. both a civil and criminal suit if he catches him in New York State, and proposes a *Court Medical* to discuss the question. We imagine Dr. G. will not drink Saratoga water at the spring next summer.

——*Godey's Lady's Book*, this year, starts out under new and energetic auspices, with a first-class corps of writers and artists to throw their double charms of narrative and adornment over its pages. No other journal has so much to interest the ladies of the household, and none can be more heartily commended to the fair portion of the family. Price per year is $2.00; with the REPORTER, the two for $6.50.

——The *Public Ledger Almanac* appears for 1879, with its usual rich store of information.

——Dr. Edward Seguin's *Record of Medical Observation* is now in its twenty-second edition. It consists in a series of blank forms for writing prescriptions, opposite to which are spaces for entering the pulse, tongue, temperature, respiration, etc. They are very useful blanks, and deserve wide adoption. Price, four blanks for $1.00. Sent by mail from this office.

THE

Medical and Surgical Reporter.

A WEEKLY JOURNAL,

Issued every Saturday.

D. G. BRINTON, M.D., EDITOR.

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THE CONTAGION OF TUBERCULOSIS.

All travelers are familiar with the fixed belief of the natives of Southern Europe, that phthisis is contagious. When a patient dies in a hotel they disinfect the room and destroy the furniture, or at least pretend to do so, and charge it in the bill. So, too, the history of health resorts appears to show that the frequent arrival of phthisical patients in a locality previously almost free from the disease surely disseminates it among the inhabitants.

Some recent contributions to the study of this subject seem to place the fact of contagion beyond doubt. These contributions are both practical and experimental. One of the most remarkable is by Dr. HUBERT REICH, a resident physician in the little town of Neuenburg, a place of 1300 inhabitants on the Rhine. His account appears in the *Berliner Klinische Wochenschrift*, No. 37, 1878.

It appears there were two midwives in Neuenburg, one of whom died a year or two since, of chronic phthisis. She continued her occupation up to a few weeks before her death. Ten of the children whom she delivered while in her marked tuberculosis died of tuberculous meningitis. No such fatality attended the deliveries of the other midwife, nor was the disease at all common outside of the families she attended. It was well known that she was very fond of her babies, constantly fondling and kissing them, thus breathing, for hours daily, into their faces her breath, laden with the septic products from the cavities of her lungs. The case, indeed, as presented by Dr. REICH, is the most direct and unequivocal we have ever read.

His conclusions have striking support from a number of experiments on animals, by Dr. TAPPENIER, of Meran, published in the October number of Virchow's *Archiv der Pathologie.*

The animals experimented on were made to breathe for several hours daily in a chamber in the air of which fine particles of phthisical sputum were suspended. The sputum having been mixed with water, the mixture was atomized by a steam atomizer. In all cases the sputa were from persons with cavities in their lungs. Dogs alone were employed in the experiments, since they very rarely suffer from spontaneous tuberculosis. The result was that of eleven animals experimented on, with one doubtful exception, after a period varying from twenty-five to forty-five days, all, being killed, presented well-developed miliary tubercles in both lungs; and in most of the cases tubercles were present to a smaller extent in the kidneys, and in some cases also in the liver and spleen. Microscopical examination was in accord with the naked-eye appearances.

The quantity of sputum necessary for the effect is certainly a very small one. In three experiments only one gramme of sputum was daily atomized in the air of the chamber, and the quantity of dry sputum must have been exceedingly small. Two ways are conceivable in which the infection is produced. The particles certainly may reach the alveoli, for powdered cinnabar administered in the same way was found to have stained the alveoli in twelve hours after an inhalation of only one hour's duration. But some particles may lodge in the mucous membrane of the throat and pharynx, and thence, being ab

sorbed, may affect the lungs as organs specially predisposed. Hence some comparative experiments were made by feeding dogs with the same sputum as that employed in the inhalation experiments. Fifteen grammes were mixed daily with the food of each dog. In two dogs fed at Munich miliary tubercles were found in the lungs after six weeks' feeding; in six others fed at Meran all the organs were normal—a difference the explanation of which is not very clear. In the cases in which the disease was produced by feeding, the intestinal tract was affected, whereas it was free in those cases in which the inhalation was employed. It is remarkable that, with two exceptions, the animals, up to the time at which they were killed and found diseased, were well and lively, and indicated their disease neither by emaciation nor other external symptoms. This suggests that sometimes in man a miliary tuberculosis of the lungs may remain latent, and cause no symptoms until a catarrh, with foci of inflammation, sets up phthisis.

A preliminary account of these experiments of TAPPEINER led Dr. MAX SCHOTTELIUS to make some similar experiments, not only with the sputum of phthisical individuals, but also with that of persons suffering from simple bronchitis, and with pulverized cheese, brain and cinnabar. The result was that miliary tubercles were found in the lungs in all cases, and in equal quantity with both phthisical and bronchitic sputum. Cheese produced a smaller quantity; pulverized brain still less, and the cinnabar least effect of all—merely a few whitish tubercles with pigmented centres, with an interstitial deposit of the substance, which had caused no inflammatory reaction. TAPPEINER has also experimented with calves' brain in two cases, but with purely negative results. No changes in the lung followed, such as resulted from the inhalation of tuberculous sputum.

Molluscum Contagiosum.

Professor Bollinger, of Munich, considers the above disease to be due to gregarinæ, and to be identical with an affection which sometimes attacks the comb of fowls. He believes he will be able to prove the relation of the so-called "molluscum corpuscles" to gregarinæ.

NOTES AND COMMENTS.

The Treatment of Lunacy.

In a late article on this subject, Prof. Flemming details two methods. The first consists in the complete abolition of coercive remedies. With the discussion of this method most readers are perfectly familiar, through the works of Tuke, Connolly and others. The second is described as the narcotic method. Narcotics are used—such as hyoscyamus, small doses of opium, hypodermic injection of morphia, very small doses of atropine, either alone or combined with opium. Allied to these are such remedies as choloroform, bromide of potassium (which diminishes cerebral congestions), and hydrate of chloral. Attention is specially directed to the "hypnoticum" of Prof. Preyer, of Jena, which is a lactate of soda and acts as a calmative, Preyer believing that the accumulation of lactic acid in the normal brain is the cause of normal sleep. This remedy is administered in doses of five to sixteen grammes, by the mouth or rectum. This remedy, however is still on its trial.

Stretching the Facial Nerve for Convulsive Tic.

A successful instance of this treatment is recorded by Dr. Baum, in the *Berliner Klin. Wochenschrift.* The operation was performed on July 20th, 1878, nearly six years after the first symptoms of *tic convulsif* showed themselves. The nerve was reached by cutting down on the upper border of the parotid gland, with antiseptic precautions, and drawing the latter, with hooks, downward, outward, and forward. The nerve was found of a dark-red color, but not sensibly thickened. Dr. Baum seized it with a torsion forceps, and squeezed it with some force, at the same time drawing it from its bed. A few small arteries had to be tied before closing the wound. A temporary paralysis of the left half of the face, of half an hour's duration, followed the operation, but the twitchings did not return, nor had they returned at the time of the publication of the paper in October.

Pyrogallic Acid in Hæmoptysis.

In the Dublin *Medical Journal*, for December last, Dr. A. Vesey speaks highly of this agent in hæmoptysis, metrorrhagia and other internal hemorrhages. He says—

Pyrogallic acid appears to me to have the following advantages: The dose is small; it does not disarrange the stomach in the way that the usual gallic or tannic acid mixtures do; it does not cause

vomiting, as iron and ergot mixtures sometimes do; it is easily taken, and has no disagreeable after-taste. It appears to be more rapid and certain than any of the remedies mentioned above, and far surpasses the time-honored acid infusion of roses, or pil. plumbi cum opio. It dissolves readily in water or in spirit. A spirit solution of definite strength affords a convenient and ready method of administration.

The Prolonged Daily Use of Salicylic Acid.

In one of the German pharmaceutical journals Professor Kolbe, of Leipzig, relates his own experience of the moderate use of salicylic acid for a long time. He was dyspeptic, and often troubled with hepatic eruptions in and about the mouth, and as a remedy he tried salicylic acid, not in the form of a dose, but taking it in his water, wine and beer, greatly diluted, but reaching daily an average of fifteen grains. He reports, after nine months, that his health is excellent, his dyspeptic troubles vanished, and no ill effects whatever noticeable. Careful examinations of the urine showed no trace of albumen, alleged by some to follow prolonged use of the acid.

The Microphone in Diagnosis.

This will certainly become a most valuable addition to diagnostic apparatus. British journals state that Surgeon Major Wallich, of the British Army, has produced an instrument by means of which the heart sounds are not only greatly increased in intensity, but remain quite distinct, the character of the two sounds being much intensified. By applying the microphone over the stomach one can hear the noise of water dropping into that organ from the œsophagus; there is every reason to hope that Dr. Wallich's improved instrument may be made available for the purposes of clinical demonstration.

Successes of Antiseptic Surgery.

Professor Volkmann, of Halle, relates (*Sammung Klinische Vorträge*, 117, 118) a series of seventy-five compound fractures treated during four years, by conservation under Lister's antiseptic method, without the loss of one patient. The result is the more remarkable that the fractures were in many cases into joints. In all cases the skin was shaved, soaped, washed, and cleansed with carbolic acid; extensive effusions were incised and drained; the wounds were enlarged with the bistoury, so that every corner could be cleansed with the carbolized stream of water; splinters were removed; sharp points were taken off; and a large drainage tube was introduced down to the bone, but not between the fractured ends. The dressings were applied under the spray, and were at first changed every twenty-four or forty-eight hours; afterward at longer intervals.

The Quinine Rash.

The eruptions produced in some persons by the use of quinine may, according to Dr. Farquharson, be divided into two classes. Those of an eczematous character, which are described by some continental authorities as occurring on the skin of workers in quinine manufactories. Those which follow the internal administration, usually of very small doses of the drug, and which may be either erythematous or rubeoloid in character.

Correspondence.

The Value of Chlorine in Diphtheria.

Ed. Med. and Surg. Reporter:—

In the effort to popularize new methods of treatment, it often happens that an old and efficient remedy is forgotten. I was forcibly reminded of this a few months since, by a conversation with an esteemed professional neighbor. In speaking of the treatment of diphtheria, he remarked that he invariably used a chlorine mixture recommended in Watson's "Lectures on Practice," internally, and painted the neck and throat externally with tincture of iodine. The doctor further remarked that he had no recollection of ever losing a case.

This led me to make trial of the plan, and I find thus far that it is more efficacious than anything I had ever resorted to before. My cases have, however, been mild, and I mention the matter trusting that some of your readers will give the plan a trial. Of course this treatment will not interfere with the use of iron, quinine, and general supporting treatment, to obviate the tendency to death by asthenia.

The mixture is prepared by adding two drachms of chlorate of potassa to a four-ounce mixture made of equal parts of muriatic acid and water, putting them into a bottle with glass stopper, in a dark place; two fluid drachms of this mixture to be mixed with a pint of water, and one tablespoonful given every two hours, diluted with water. For children less than six years old the dose may be proportionately reduced.

Dr. Farnsworth is not far from correct; true membranous croup is difficult of cure. It is a wonderful thing to tell a mother her child has croup to-night, and find it well in a day or two. Still I think I have seen cases of genuine croup cured under the use of an active emetic at the commencement—calomel in small and oft repeated doses, until the stools are like chopped spinach—and the persistent use of the lime inhalations.

Maryland, Jan., 1879. H. F. W.

[The value of the chlorine mixture, both in diphtheritic and scarlatinal complaints, is undoubtedly considerable, and perhaps not sufficiently

borne in mind. The mixture can be variously prepared. Three formulæ, besides that given by our correspondent, are mentioned in the sixth edition of "Napheys' Therapeutics," (Nos. 1054, 1064, 1065). Ed. Reporter.]

Instruments in Labor.

Ed. Med. and Surg. Reporter:—

On reading the communication of Dr. Corson, of Conshohocken, Pa., I was highly gratified to find that what I had long wished and hoped for had made its appearance. Dr. Corson's statements so perfectly accord with my experience and opinions, that I cannot command language sufficiently emphatic to express my approbation of them. I cannot but think that the teachings of many who seem to be men of eminence in the profession are pernicious, to a great extent, in regard to the frequent use of obstetrical instruments. In over twenty-six years of practice (rural) I have never yet witnessed a serious case of laceration of the perineum, nor a single case of vesico-vaginal fistula. If the former had occurred in any case of labor which I have had I should have known it at the time, and had the latter occurred as a result of any case of labor which I have had, I believe I would certainly have heard of it.

My experience in this respect has not been an isolated one. I have attended, as accoucheur, hundreds of women who had in previous cases been attended by others, and I never heard one of them say that anything of the kind had ever happened to them. Neither did I ever hear any of my neighboring physicians say that they had ever had anything of the kind happen in their practice; and when, not very long since, I read in the report of an eminent gynecologist the large proportion of these accidents, if accidents I may call them, I was perfectly astounded, and felt like exclaiming, shameful! shameful! The proportion of obstetrical cases I have had in which instruments were used, is about one in a hundred; and I think that is about the proportion in which my neighboring physicians used them. W. Sigsbee, M.D.

Mendon, Ill.

On the Use of Dextro-Quinine.

Ed. Med. and Surg. Reporter:—

Dextro-Quinine has given good results in the few cases which I have treated with it. It is a brown powder, being very light and not so bitter as quinine. Found it most pleasantly disguised with extract of licorice, but prefer to give it in wafer. The following cases seem to demonstrate that it is equal to quinine, and less liable to produce unpleasant symptoms, such as ringing in the ears and sickness of the stomach. As to the dose, I have not sufficient experience with it, but it can be given in large doses without any inconvenience.

Case 1.—William S., laborer, robust and strong. Commenced having chills last June, of the quotidian type; in a few days were checked, by the use of quinine; the chills returned at short intervals, with increased violence; during this time was living in Kansas City. Saw him for the first time on December 16th (after having been exposed), with a congestive chill; for three days previous he said he had an attack which was equally severe. The chill lasted two hours, followed by a high fever lasting six hours; was delirious; vomited freely; tongue was clean. The chill commenced at 2 P.M., and as I wished to be positive as to the genuineness of the chill, and the effect of the new remedy, did not give any remedy until 5 P.M., when he took ten grains of dextro-quinine, and the following day four doses of ten grains each, commencing at 11 A.M. At two and half P.M. had a chill, but it was not near so severe, and the fever lasted only a short time.

Dec. 18th, wishing to break the chill and test the value of the remedy in full doses, ordered ten grains every hour for nine doses; the last four doses caused a little ringing in the ears, sickness of the stomach, with a sense of general weakness; these symptoms only lasted a few hours; had no chill from this time on. On the 18th commenced taking one grain three times daily, which was continued for two weeks. Appetite increased, felt well and strong, and no chill up to this date, Jan. 13th.

Case 2.—Mrs. Mary P. Labor pains inactive, worrying, and the patient growing weak; ten grains of dextro-quinine had the desired effect of causing the pains to be active and efficient, seeming to have the same effect as quinine in like cases.

Case 3.—Dr. McMahan gave five grains every two hours, for four doses, to one of his patients suffering with caries of the spine, with high temperature; could not retain quinine or cinchonidia. The dextro-quinine was retained and gradually lessened the fever; was not able to continue the remedy, as the ounce kindly furnished by Keasbey and Mattison had been exhausted.

Quincy, Ill. L. A. Nickerson, M.D.

The Introduction of Yellow Fever.

Ed. Med. and Surg. Reporter:—

As the subject of yellow fever occupies a prominent place in the minds of physicians and laymen, and all are anxious for information, and for the discovery of its causes, treatment, or prevention, I hope you will give this a place in your Reporter, which is read by so many thousands.

The yellow fever epidemic in Texas, in 1867, was as fatal and more extensive than that of 1878, because it was not confined to this State, but spread far beyond; yet the public mind was not so aroused then as it was last year. And according to statements published by eye witnesses, the origin of that terrible epidemic was from a dray load of baggage brought from Vera Cruz, Mexico, to Indianola, Texas; thence the infection was carried by steamers to Galveston, and thence generally diffused.

Allow me, in this connection, to give the following brief statement of an epidemic of yellow fever which scourged the inland town of Woodville, Miss., in 1844, but which epidemic is not enumerated by Dr. J. M. Toner in his tabular epitome of yellow fever. I was practicing then in Woodville, and write from personal observation. There was no yellow fever that year in New Orleans, but there was in Galveston, Texas.

In July a Methodist minister named Thurber, living in Texas, passed through Galveston, and

visited several persons there, sick with the yellow fever, which he had not had. He went from Galveston on a steamer, by way of the mouth of the Mississippi river, making a quick voyage, and on arriving in New Orleans, found a packet steamer ready to go up to Bayou Sara, on which he took passage, thence by railroad to Woodville; the whole trip from Galveston to Woodville occupied about four days, not more. In less than forty-eight hours after arriving there he was taken sick with fever, and came very near dying.

Dr. T. C. Brown attended Mr. Thurber, and was very much puzzled by the symptoms, as he had never seen a case of yellow fever. Several persons, both males and females, visited the sick man and nursed him nearly two weeks. In a short time the yellow fever began to spread, and during its prevalence over two hundred victims fell before it. Physicians from New Orleans went up and pronounced it yellow fever. The infection was so virulent that scarcely a person who visited the place for a few minutes escaped, and many movers and travelers passing rapidly through town afterward had the fever, and died in distant parts of Mississippi, Louisiana, and even in Texas.

All my experience confirms me in the belief of the exotic origin of yellow fever, and that rigid quarantine should be established and enforced, as the only preventive. A. R. KILPATRICK, M.D.

Navasota, Texas.

A Case of Erysipelas.

ED. MED. AND SURG. REPORTER:—

Last Sunday afternoon I was called from church, in a neighboring village, to see a patient of a physician friend, of our own town. There is nothing unique or particularly striking to report, but from the case we two physicians gathered an important lesson, and, thinking it might be possible to extend the lesson to other brethren, I have penned this brief note.

The Wednesday preceding the Sunday referred to, Mrs. C. was taken with a chill. Thursday erysipelas developed itself on each cheek, near the ears. Saturday Dr. T. was sent for, and treated her in the usual manner—iron, quinine, etc., and applied a cranberry poultice to the inflamed skin. Considering it an ordinary case, he felt no uneasiness, and left, with the word that he would see her the following morning. Within six hours the disease became violent, the inflammation rapidly spread, and the patient became comatose. The doctor did not see her Sunday morning, and in the afternoon I, being in the vicinity, was called in, as mentioned above. She was then completely unconscious, and evidently near her end. Sending for Dr. T., he arrived only in time to find her dying.

This case taught us that a prognosis of even apparently simple cases must be given guardedly. It also impressed us with the ease with which disease sometimes destroys life, though we often see life continuing tenaciously, even in the midst of fearful diseases and conditions. Finally, it is safer to err on the side of frequent visits, even if some of them are made without expectation of remuneration, simply to keep one's self informed of the progress and tendency of the morbid action. C. C. VANDERBECK, M.D.

NEWS AND MISCELLANY.

Beware of Impostors.

A genteel looking fellow giving the name of Wilson, canvassed Harrisburg, not long ago, for subscriptions to the MEDICAL AND SURGICAL REPORTER, calling on most of the physicians and druggists. He visited Dr. Seibert, at Baldwin, and during the latter's absence a case of surgical instruments were stolen, and from another physician he stole a copy of *Napheys' Therapeutics*. He was arrested in Lancaster, and returned to the chief of police at Harrisburg.

We take this opportunity to say that we have no agent of that name, nor do we employ any one whatever to take subscriptions for us; and whenever we do commission a person for that purpose he is always furnished with written authority and letters of introduction.

Notes on Novel Pharmaceutical Preparations.

COPAIVIC ACID.

This is obtained in prismatic crystals, which, at first, are clear, but soon become opaque on exposure. It is obtained by distilling the balsam with water, to remove the ethereal oil, dissolving the resinous residue in refined petroleum, and repeated washings with alcohol. It is stated to act with all the energy of the balsam and to be less nauseous, and hence, less apt to disorder the stomach.

CHLORAL-CHLOROFORM.

Chloroform made from chloral is sold in Germany at a considerably higher price than that manufactured in the usual way. It is asserted that it keeps better and is less liable to be followed by dangerous results. The leading manufactories of chloral have found the consumption of this latter drug to have fallen off greatly in the last year or two, so they employ their works in the production of this new form of the anæsthetic.

MALTINE.

This is a preparation closely akin to extract of malt. We have watched its exhibition in several cases of anæmia, general exhaustion from overwork, debility from advanced age, and threatened phthisis. Some patients found it difficult to overcome a repugnance to its flavor, but where it was taken regularly, it imparted a very desirable stimulus to the function of nutrition. The preparation we have used is that made by Reed & Carnrick, of New York city, which we have every reason to believe is manufactured in the most approved manner.

Medical Charities of Philadelphia.

—In the hospitals of this city there are at present nearly 1200 empty beds. This testifies to two things: first, that the health of the city is good; and secondly, that medical charities are quite as extended as the needs of the city demand. In fact, we believe that any further addition to the hospitals or dispensaries of this city, except in one or two special lines, would be a useless waste of money and an injury to the profession and the public.

Death of Dr. John B. Biddle, Dean of the Faculty of Jefferson College and President of Board of Prison Inspectors.

Dr. John Barclay Biddle, Professor of Materia Medica in the Jefferson Medical College, Dean of the College Faculty and President of the Board of Inspectors of the County Prison, died at seven o'clock Sunday evening, at his late residence, 331 South Seventeenth street. Dr. Biddle has been an invalid for the last four or five years, and took frequent trips to Europe to better his health. Two weeks ago he was attacked with a heavy cold, causing congestion of the lungs, which eventually brought on death.

Dr. Biddle was the eldest of the sons of Colonel Clement C. Biddle, a Philadelphian by birth, born January 3d, 1815. Always inclining toward the medical profession, it was not long after attending schools in this city and graduating from the Baltimore St. Mary's College, that he entered the Medical Department of the Pennsylvania University, under the special instruction of Dr. Nathan Chapman. He left the University with honors, but did not at once begin practice. With Dr. Meredith Clymer he started the *Medical Examiner*, about the year 1842. This journal, not now published, was a weekly periodical, devoted to medicine, and achieved success. Dr. Biddle, after a few years as editor, began upon practice, in which chapter of medical life he was best known. In 1844, in connection with Professor Joseph Leidy, Drs. Paul P. Goddard, David H. Tucker and Dr. Joynes, he founded the Franklin Medical College, which stood some time on Locust street, near Twelfth. All the supporters of the college gradually drew from it to other pursuits, and the college died out, but during its short career it graduated many students, who are now distinguished physicians. The position of Professor of Materia Medica in the Jefferson Medical College, in 1864, was considered one of distinction, and the chair being offered to Dr. Biddle, he accepted. Thrown into such a station, Dr. Biddle turned all attention toward a treatise on materia medica for students, which was accepted by the Faculty of the Jefferson College and reached an eighth edition. Soon after taking this chair Dr. Biddle was made Dean of the College Faculty, and continued both Dean and Professor uninterruptedly until death.

A. W. Lueck, M.D.

The following preamble and resolutions were unanimously passed by the Rock River Medical Society, at the meeting in Fond du Lac, Wisconsin, January, 8th, 1879, in memory of the late A. W. Lueck, M.D.:—

WHEREAS, We have learned with sincere sorrow that death has removed from our midst our late esteemed friend and member, A. W. Lueck, M.D., of Mayville, Wisconsin, therefore,

Resolved, That while we bow submissively to Him who doeth all things well, we yet sincerely deplore the early death of him whom we had learned to appreciate and love, for his pure and noble character and his unselfish devotion to the cause of science and suffering humanity.

Resolved, That his professional enthusiasm and success have afforded unmistakable evidence of his fitness for the profession of his choice, and that his example is worthy of personal emulation by us all.

Resolved, That we shall ever hold him in remembrance for his genial social qualities, his unfeigned modesty and true nobility of soul, as well as for his professional integrity.

Resolved, That our earnest sympathy be extended to his sorrowing family, upon whom the severest weight has fallen; may they feel the tender care of the Hand that has wounded but to heal, and be cheered by the thought that the life that has gone out so early in darkness has even now entered upon an endless existence of joy.

Resolved, That the Society be instructed to forward a copy of these resolutions to the family of the deceased and to the MEDICAL AND SURGICAL REPORTER, for publication.

N. SENN,
W. P. WENZEL,
E. J. SMITH, *Committee.*

HENRY P. WENZEL, M.D., *Secretary pro tem.*

Theresa, Wis., January 9th, 1879.

Madame Anderson's Walk.

This extraordinary feat of endurance has attracted general attention lately. The following extract from the New York *Sun* has considerable medical interest:—

"Madame Anderson is resting. That does not mean simply sleeping," said Physician J. G. Rosman, of Brooklyn, last evening, in Dr. Shepard's Turkish bath establishment on Columbia Heights, Brooklyn, whither Madame Anderson was taken after completing her task of walking 2700 quarter-miles in as many quarter-hours. "It is not in human nature," the physician continued, "to undergo such a strain and to immediately sleep off the effects of it. The system needs light food at frequent intervals, and if the patient is in a healthy condition of body, then she will awake when she has all the sleep that she can stand. That is exactly what Madame Anderson has done, and there could possibly be no better proof that she is coming out all right. On waking up she has eaten the lightest and yet the most nourishing food, such as extract of beef and fruit jellies of all kinds. Her pulse has become regular, when asleep at 64 and when awake at 70. While asleep she is as quiet as an infant, just as though she had not a nerve in her body, and when awake she is cheerful and calm. Her conversation is bright and her mind as clear as a bell. Her longest periods of sleep are about an hour and her longest intervals of wakefulness half an hour. That means that she is resting in the best way possible."

Dr. Shepard said the theory of the treatment of Madame Anderson is to let her down gradually from the results of her effort, and to build up her strength as gradually. During the whole of the first night she was allowed to sleep only half an hour, and although she had then to be awakened, she awoke easily. At midday she dressed and took a Turkish bath. After the bath she slept again, and at night it was clearly perceptible that she had improved, even since morning.

"The fact that we are surprised that Madame Anderson has endured so much and yet is recuperating so rapidly," the physician added, "shows

that we know very little, as yet, how much any perfectly sound constitution is capable of. She is evidently not of a muscular make-up, but her whole constitution, physical and mental, is in perfect equipoise. Her temper is of the sweetest, and that, without doubt, helps her to recover rapidly. Even in the last days of her walk, when she was awakened out of sleep that every atom in her body was crying out for, when she had no more voluntary control of her mind than she would have had if she had been deeply intoxicated, she uttered no petulant exclamation when her attendant, to startle her into effort, puffed a spray of hartshorn into her face."

Prevalence of Diphtheria.

This fatal disease has broken out in a severe form in the interior of this State, in New York city, and especially in Nova Scotia, in and around Halifax. Dr. E. M. Snow says of its appearance in Providence, R. I.—

In 1878, as in 1877, there was a large mortality from diphtheria, and the epidemic still continues, though evidently on the decline. In the three years, 1856 to 1858 inclusive, there were 652 deaths from diphtheria in Providence, a mortality similar to that of some other cities in past years from the same disease, though not so great as in some of them. The disease has visited some other portions of the State with a greater *proportional* mortality than in Providence. At the present time it is prevailing with great severity in some of our towns.

In Cincinnati the proportion was much greater, no less than twenty-seven per cent. of the 234 deaths during the last two weeks of December being attributed to these affections, 51 to scarlet fever and 14 to diphtheria. Boston, Chicago and other cities show a similar prevalence of the winter scourge among children.

In Philadelphia, during the fourteen weeks ending January 5th last, in 3949 deaths from all causes 154 were from scarlet fever and 173 from diphtheria. In the same fourteen weeks a year ago there were 3827 deaths from all causes, 134 from scarlet fever and 175 from diphtheria. The close correspondence of these figures is remarkable. In the fourteen weeks ending with January 5th, 1878, 1688 minors died; in this year 1710, an increase of 22, which is almost exactly covered by the increase of 20 in the deaths from scarlet fever.

One Hundred and Two Years Old.

Miss Sophia C. Kemper died in Easton, Pa., January 19th, in the one hundred and second year of her age. She was born on August 15th, 1777, at Morristown, N. J., and was a daughter of Colonel Daniel Kemper, an officer in the Continental army. She came to Easton in 1796, and has resided there ever since. To the last she was bright and cheerful, and possessed of a clear memory and an unimpaired intellect. One of her brothers-in-law, Samuel Sitgreaves, was Minister to England under President Adams. Another was Bishop Jackson Kemper, of the diocese of Wisconsin. The family is noted for its longevity.

Items.

—Out in Ohio they paraphrase Scripture a little, and say, Where the body is, there will the snatcher be also.

—Dr. Charles J. Overholt, of Indianapolis, was convicted of bigamy at Muncie, Ind., on January 18th. He was a prominent physician. He will serve two years in the penitentiary.

QUERIES AND REPLIES.

Althorp, of Va. "Dr. Pierce, of Buffalo," whose preparations you inquire about, is, of course, not recognized by the profession. His "Alterative Extract, or Golden Medical Discovery," is a mixture of opium and lactucarium in dilute sweetened alcohol. His "Favorite Prescription," for diseases of women, etc., is a mixture of savin, cinnamon, cinchona bark, aniseed, digitalis, laudanum, and sweetened alcohol. They have been analyzed by Hager and others.

Sangrado. Fresh blood has been often used as a remedy in debility, etc. Its value is doubtful. According to Dr. J. Jeannel, it is difficult of digestion, slow of assimilation, imparts a fetid odor to the faces, and is in every way inferior to rare or raw beef, or beef tea.

Dr. F. A., of Pa. There is not a medical journal in the world which has continued for a century.

Dr. Thomas P., of Ga. Any of the books noticed in the REPORTER, or, in fact, any medical books in the market, will be mailed you, postpaid, on remitting their catalogue price to this office.

MARRIAGES.

AUSTEN—MUNROE.—On the 25th of December, 1878, at the residence of the bride's parents, by the Rev. Dr. J. C. Eccleston, Dr. P. Townsend Austen, of Rutgers College, New Jersey, and Ellen M., daughter of Thomas Munroe, Clifton, Staten Island.

HARRINGTON—SCOTT.—On Christmas afternoon, December 25th, at the residence of the bride's mother, by the Rev. Mr. Hayden, Dr. John Harrington, of Cedar Falls, Wis., and Louisa C. Scott

HUMPHREYS—KEYT.—December 24th, 1878, by Rev. Geo. M. Maxwell, D.D., at the residence of the bride's parents, Walnut Hill, Cincinnati, Ohio, William H. Humphreys and Rebecca, daughter of Dr. A. T. Keyt.

STEVENSON—EWING.—At Uniontown, Pa., January 1st, by Rev. S. S. Gilson, Dr. John J. Stevenson, of New York, and Mary C., daughter of the late Nathaniel Ewing, Esq., of Uniontown.

DEATHS.

DAVIS.—At Dent., O., suddenly, of gastric hemorrhage, Hattie L., youngest child of Dr. E. F. and Mary M. Davis, aged 5 years and 5 months.

GARDINER.—In the city of Brooklyn, Jan 7th, 1879, after a lingering illness, Dr. William H. Gardiner, second son of the late Nathaniel Gardiner, in the 57th year of his age.

LAWSON.—Of diphtheria, December 12th, 1878, after a sickness of three days, Kittie Bell, aged 3 years, 2 months, and 4 days, daughter of Dr. T. C. and Mrs. A. E. Lawson, of Greenville, Clarion Co., Pa.

MARTIN.—In Phila., on the 3d instant, Dr. John Martin, aged seventy-nine years.

MILLER.—At Nordhoff, California, December 22d, 1878, Charles K. I. Miller, M.D., aged twenty-eight years.

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Communications.

HEPATIC ABSCESS—WITH NOTES OF THREE CASES.

BY W. H. CURTISS, M.D.,
Of Wilmington, Ill.

Having read with much interest the numerous papers upon the subject of Hepatic Abscess that have recently been presented to the profession through the medium of the medical journals, and notably those of Prof. Hammond, of New York, and Dr. Coles, of St. Louis, I am tempted to add my mite of evidence in favor of the ground taken by Prof. H., by giving the history of three cases of this disease that have come under my care within the last three years. Two of these cases were undoubtedly proper ones for aspiration, and while the still more heroic treatment finally adopted admits of some doubt as to its propriety, I am still inclined to think that "the end justified the means." Of this, however, I leave the profession to judge, confident myself that the dangers to be encountered by an evacuation of the abscess by means of the aspirator or by free incision are infinitely less than the dangers of septic poisoning—peritonitis—bronchitis, or any of the other unpleasant sequelæ that often follow the expectant plan of treatment.

Case 1.—G. S., aged 24, of intemperate habits, was taken suddenly ill after a prolonged debauch, during which he was subjected to the tender mercies of a couch by the wayside on a stormy night, and when seen the next day was found to be suffering from high fever, intense headache, and severe shooting pains in the region of the liver, and extending thence to the right scapula. The bowels were somewhat constipated, stomach irritable, abdominal parietes sensitive, especially over right hypochondriac region. The diagnosis of acute hepatitis was made, and the patient ordered eight grains hydrarg. sub-chlor., as a cathartic, tr. digitalis and tr. aconite, to control the fever and rapid pulse, with free use of broken ice, by the mouth. The pain was relieved from time to time by hypodermic injections of morph. acetas. The medicine seemed to operate well, but failed to cut short the disease, which ran a rapid course. At the end of a week fluctuation could be made out near the costal extremities of the seventh, eighth and ninth ribs. On the tenth day of his illness he was taken with a severe rigor, followed by hectic fever and low, muttering delirium, indicating the absorption of the purulent matter.

He was now placed upon quinia sulph. and tr. ferri chlor., in liberal doses, together with nourishing diet, and stimulants, in form of egg-nog, etc. Notwithstanding the best of nursing he grew rapidly worse, and when seen on the fifteenth day of his illness his condition was apparently hopeless. The abscess now formed a distinct fluctuating mass, with, at the costal extremity of the ninth rib, a faint rose-colored spot, the size of a half-dollar, indicating a tendency to point at that place. The patient's condition, however, was such that it was evident death would ensue before a voluntary evacuation of the abscess would take place.

Trusting that adhesions had taken place between the liver and the peritoneum sufficient to permit an escape of the pus into the abdominal cavity, I decided to evacuate the abscess by a

free valvular incision. This was accordingly done, and about two quarts of pus tinged with bile and hepatic debris was allowed to escape, greatly to my patient's relief, who soon sank into a quiet slumber, from which he awoke rational and every way much better.

The septic symptoms did not immediately subside, but gradually disappeared under the quinine and iron treatment, combined with liberal nourishment. The abscess continued to discharge for several weeks, when the incision healed kindly and the patient made a good recovery without an untoward symptom.

Case 2.—Hattie P., aged fifteen. Native American. Ill for several weeks. When first seen complained of severe pain in the epigastric region, of a lancinating character, accompanied by nausea and vomiting, chills, fever, headache, etc. Bowels constipated, urine scanty and high-colored, containing small quantity of bile. Sclerotic quite yellow, skin moist and clammy. Says she was usually well until about three weeks ago, when she was taken quite suddenly with a pain in right side, which has become more and more intense until now it is hardly bearable. Did not have any chills and but little fever, until ten days ago. Respiration rapid and superficial, tongue furred, pulse 130 and thready. On palpation left lobe of liver is found much enlarged, reaching nearly to the umbilicus, with distinct fluctuation below ensiform cartilage. Right lobe somewhat enlarged and very sensitive. Diagnosis hepatic abscess. To have quinine, iron, beef tea, with morphia and ice, to quiet pain and vomiting. Also to have poultice of linseed meal to epigastrium. Patient grew rapidly worse, and on the third day from institution of treatment the outlook was so bad that, although there were no indications of pointing, I decided to evacuate the abscess, as the only chance of success. I accordingly made a free incision immediately below the ensiform cartilage, which was followed by a profuse flow of pus and the escape of a mass of partially decomposed lumbricoid worms. The patient made a good recovery.

Case 3.—In June of the present year Mrs. W., aged sixty-two, came to my office complaining of paroxysms of severe pain, lasting for several hours, at intervals of from one to six days. These attacks were always preceded and accompanied by rigors and fever, and usually by nausea and vomiting.

She had been treated by numerous physicians for "fever and ague," and, as she claimed, had taken "barrels of medicine" without any relief, and had arrived at the conclusion that her trouble was not from fever and ague, but from something else. Patient was weak, anæmic, considerably jaundiced, urine of low gravity, of the color of porter, and depositing heavy brick-dust sediment. Bowels constipated, stools clay-colored. Liver somewhat enlarged and tender; its exact condition could hardly be made out, owing to a cicatrix over right lobe, occasioned by a hepatic abscess when sixteen years of age, for which she was treated by a surgeon in England, her native home. According to her account, the surgeon who thus attended her (forty-six years ago) had urged the necessity of opening the abscess with a lance, but permission not being granted him, it was allowed to open voluntarily, being aided at the last moment by the patient herself, through the instrumentality of a needle, when a gallon of pus and a quantity of calculi escaped, much to the patient's relief. With the exception of occasional colicky pains, similar to her present trouble, she has enjoyed good health ever since.

On the day following her visit to my office I was called to visit my patient at her home. I found her in excruciating pain, covered with a cold, clammy sweat, much nausea, etc.; in short, the diagnosis of hepatic colic was easily made, and a full dose of morphia sulph. hypodermically was administered, together with moist heat externally, which after a little relieved her suffering. Various plans of treatment were tried in the intervals of these attacks, which were of frequent occurrence, but little or no benefit was derived, except from the tonics indicated by her enfeebled condition.

On Oct. 15th my patient was taken with an unusually severe chill, followed by hectic fever and severe pain in epigastrium, which was partially relieved by full anodynes. From now on her condition grew rapidly worse, and when seen on the 18th the skin was deeply jaundiced, with great pruritus, sclerotic yellow, liver much enlarged, extending four inches below the ribs, and quite sensitive to the touch. Upon consultation with my friend, Dr. E. R. Willard, of this city, my diagnosis of hepatic abscess, from obstruction by calculi or other causes "to the jury unknown," was confirmed, and we decided to put the patient upon liberal doses of muriate ammonia, arsenious acid, and quinine, with beef tea, egg-nog, etc., ad libitum. On the 24th the constitutional effects of the arsenic were manifested in the swollen eyelids, and this remedy was omitted. On the 25th, the case was complicated by purpura hemorrhagica, which first made its appearance upon the forehead, extending thence over the face, upper extremities, body and limbs,

until, on the 27th, the whole person was covered by the effusion.

Fearing hemorrhage from the mucous membranes, I ordered full doses fl. ext. ergot and aromatic, sulphuric acid, which checked the hemorrhage, and at the end of a week all traces of it had disappeared. Her general symptoms, meanwhile, offered little encouragement. The chills were more frequent, pulse frequent and weak, slight delirium and great depression of spirits indicated septic poisoning, and rendered the prognosis very bad.

On the morning of the 20th patient said she felt something "give way" in her side, and soon after she expectorated a quantity of offensive, green, very bitter matter, after which she expressed herself as feeling much better. She continued to expectorate this matter for several days, its green color gradually changing to a "creamy." Her appetite now returned, and in ten days, with generous diet, iron and quinine, she was able to be up. On the 15th of November she had another chill and a renewal of the pain and tenderness over the liver, suffering severely, until on the 18th she vomited a quantity of matter similar to that she had before expectorated, and with the same relief to all bad symptoms. In a few days she was again up and has continued to improve, until now she says she feels better than for years.

The causes of hepatic abscess have not as yet been determined with certainty; indeed, Flint goes so far as to say, in his "Practice," that they may be considered spontaneous in a majority of cases. Notwithstanding the great learning of this author, I am not prepared to adopt this view, but prefer to cling to the time-honored axiom that there is "no effect without a cause," and were the exact pathological conditions of hepatic abscess well understood, I think they, as well as all other local inflammations, would be found to have an adequate cause. In the foregoing cases the exciting cause was evidently of a different nature in each. Case one, occurring in an habitual drunkard, the liver may reasonably be supposed to have been in the diseased condition usually found in such persons; and the exposure to a drenching rain during the night following an unusually hot day in July would comprise the conditions we should naturally expect to produce an acute inflammation, and the liver being the weakest portion of the economy, upon that organ the disease expended its force.

Case two was evidently one of those supposedly rare cases in which a number of ascaris lumbricoides had migrated from the intestines into the hepatic ducts, and by the irritation caused by their presence in this organ produced a traumatic inflammation.

Case three may also be considered as of traumatic origin. Although no calculi were seen, the evidences of their presence were unmistakable, in the attacks of hepatic colic that were of such frequent occurrence before the formation of the abscess, and in the jaundice, which is not, I believe, a usual accompaniment of this disease.

The fact of there having been a previous abscess of like nature, in which the calculi were seen, will go far toward establishing the diathesis, and their not being detected in this instance was probably due to the proper means not being employed.

Undoubtedly the functions and pathological conditions of the liver are less understood than of any other organ of the body, with perhaps the exception of the brain, and for this reason it has so long been used by charlatans as a scapegoat upon which to pack their wares, and the still more weighty loads of their ignorance.

Probably two-thirds of the chronic cases that come to our offices, if allowed to tell their stories, will tell you how Doctor so-and-so said they had "liver trouble." Possibly Doctor so-and-so may be right, but "trouble" is a very indefinite designation upon which to base an intelligent plan of treatment. I, for one, am glad to see some of the old superstitions in medicine being done away with, and among them that of the rarity of hepatic abscess in temperate climates. The extremes of temperature, sanitary condition and modes of life, in our middle temperate zones, are just such as we should a priori expect to produce acute inflammations of the liver as well as of other organs, and the thanks of the profession are certainly due Prof. Hammond for his labors in the direction of a rational mode of treatment thereof.

INVERSION OF THE HUMAN BLADDER.

BY REUBEN A. VANCE, M.D.,
Of Gallipolis, Ohio.

My attention was first called to the following case by the father of the patient, who called on me for advice, in November, 1877. His account was so obscure that I did not suspect the nature of the case, and declined to prescribe until I could see the patient. On Dec. 7th he returned, with his wife and the infant. When the genital organs of the latter were exposed, a small, purplish-brown tumor, the size of a small hen's egg, was revealed, which, on closer examination, was found to spring from the upper and inner margin of th-

vulva, and seemed to originate from the external orifice of the urethra. Externally, the tumor was pear-shaped, and when compressed between the fingers was elastic and resistant. It could be elevated without difficulty, thus exposing the lower part of the ostium vaginæ, and when lifted away from the body in this way, its pyriform shape was exceedingly well marked. On using a probe to determine the relation of the tumor to the urethra, the orifice of the latter was found to encircle the neck of the former. That is, the probe revealed no attachment between the neck of the growth and the walls of the urethra, for a distance of nearly two inches. The probe, while free to enter thus far above, below, or on either side of the tumor, could not be made to pass further into the bladder. At this point in my examination the child cried violently, and at each gasp the tension and prominence of the tumor could be felt to increase.

Desisting temporarily from my exploration, I noted the following points in the history of the case. The girl was then (Dec., 1877) in her twenty-second month, and had suffered from dribbling of urine since she was a year old. The constant flow of this excretion caused excoriation of the lower part of her body and the inner aspect of her thighs, and necessitated frequent change of napkins. Shortly after this symptom developed, the mother said she observed something filling up and projecting from the water-passage. Watching the parts daily, she soon convinced herself that the baby's incontinence of urine arose from something growing out of the urethra, and she consulted several physicians as to the nature of the growth. From the latter she learned that polypi grew from such places, and it was with the view of having the polypus removed that her husband originally came to consult me. The mother also stated that she had passed a wire (a smooth knitting needle) into the urethra when exploring the parts; that it invariably made the baby cry, and crying caused the tumor to enlarge and protrude. In October, 1877, she saw that a small part of the growth projected, even when the child was quiet; and shortly afterward, when endeavoring to trace the extent of the growth, the child became excited, screamed violently, and bore down with so much force that the tumor suddenly enlarged to the present bulk. At times it suddenly diminished to the size of an acorn, but it never resumed its former small dimensions, and never receded within the urethral canal.

While the mother was detailing these facts, the child gradually ceased sobbing and crying—it had screamed incessantly from the moment the parents first started to expose the diseased part—and this, too, while I continued to manipulate the growth and adjacent structures. As the child grew quiet, the tension and prominence of the tumor seemed much less than before, and this change in the characters revealed to the sense of touch was accompanied by a decided alteration in color. From a purplish-brown hue, the growth changed to a yellow tint. Also, an indistinct feeling of fluctuation attracted my attention to the part, and as I renewed my examination, the child again commenced to scream and cry. The tumor at once grew tense and hard, and became of a deep purple color. Whatever trace of fluctuation there might have been before disappeared with the first forced expiration. Quite a quantity of fluid bedewed the parts, but as I had no other thought than that it came from the meatus urinarius, I neglected to search for any other origin. Requesting the mother—who was supporting the child in a semi-erect posture before me—to quiet her babe, I explained to the parents my idea of the case: That the tumor was a polypus developed from the mucous membrane of the urinary passages at some point near the junction of the urethra and bladder; that it was the development of the former which caused the incontinence of urine, and that the incontinence now present depended upon relaxation of the urethra and contraction of the bladder. Contraction of the vesical walls accounted for the fact that the probe passed but two inches, or such matter, from the meatus—a condition which I explained by the dependent position of the tumor—and the fact that it rendered the urethral canal patent, thus permitting the urine to escape as soon as carried into the bladder. I advised the parents to have the child operated upon, and I explained the procedures necessary to pass a ligature around the neck of the growth, near its origin.

In order to determine the attachment of the tumor, I had the parents support the child while I examined the parts through the rectal walls. Passing my right forefinger to its full length into the rectum, I carried its pulp as near the junction of the bladder and urethra as I could—a method of examination peculiarly available in infants. Inserting a small female catheter as far as possible along the urethra, I placed a finger on the base of the tumor, and at the same time carried the point of the finger in the rectum toward the supra-pubic region. Despite the fact that the child was screaming its loudest, and struggling with all its might, the tumor, ordi-

narily tense and resistant under such circumstances, became suddenly so soft and yielding that I directed the father to so move the child's hips that I could see the growth. To my great surprise I found that my finger had indented the tumor, as it would a soft rubber ball. Releasing the catheter I grasped the growth with my left hand, and as I compressed it, it slowly collapsed and began to recede within the urethra, and as it disappeared externally, my finger in the rectum could feel an increase in the bulk of the structures in the vesical region. At this time the child's hips were elevated above its trunk; directing its father to lower still more its head and shoulders, I elevated its hips as I compressed the slowly diminishing growth. Finally, as the last of the tumor entered the meatus, I followed it with a catheter, and found no difficulty in entering the latter between three and four inches. While the child was kept in position, with its shoulders depressed and hips elevated, I made a careful inspection of the urethra, and found the canal greatly enlarged—enlarged to such an extent that I readily inserted the first phalanx of my little finger into its orifice—and its tissues so relaxed that they scarcely contracted on my finger. Yet the tumor had disappeared, and no trace of it was to be found. With the child before me, I re-examined the parts, and carefully reviewed every point in the case.

My first idea, that the tumor was a polypoid growth from near the junction of the urethral and vesical cavities, was no longer reconcilable with the facts. Despite its seeming impossibility, the only tenable surmise was that the bladder had been turned inside out. The impossibility of inserting a catheter while the tumor protruded, together with the absence of evidences of vesical distention, or even of the presence of that organ in its proper position, and the continual dribbling of urine, contrasted with the ease with which a catheter could be inserted when the tumor was reduced, the immediate development of such tactile phenomena as denoted the return of the bladder to its position, the complete disappearance of the tumor, and the sudden cessation of urinary dribbling, were arguments that could be answered in no other way than by supposing the bladder to have been inverted. I at once explained my change of opinion to the parents, and inquired as to their knowledge of any previous reduction of the protrusion. The mother was certain that it had not receded within the meatus since October. When I inquired about the child straining in defecation, etc., they informed me that nothing was thought of the first development of urinary incontinence, for the child was suffering from whooping cough, and coughed with great violence. I imagine the parents were surprised at my sudden change of opinion, but when they learned that no operation would be necessary, they were not disposed to be critical. The child has had no return of its trouble, and in July, 1878, was perfectly well. An account of this case appeared in the *American Journal of the Medical Sciences*, for October, 1878.

Prior to the day the above case came into my hands I had never heard of inversion of the bladder. In searching for some record of similar cases I found, in the *American Journal of the Medical Sciences*, a brief notice of the fact that Mr. John Croft, F.R.C.S., had published an account of certain "Cases of Inversion of the Bladder," in the 2d volume of the *St. Thomas' Hospital Reports*, and upon communicating with that gentleman, he very kindly sent me a copy of his paper, from which I have abstracted an account, not only of his own case, but of the three other examples of vesical inversion which he had collected. The following is Mr. Croft's account of his own case:—

"On going to my out-patient room at St. Thomas,' on May 20th, 1870, I was hurried to see an infant in a sad plight. I was informed that a tumor from the vagina had burst, and was bleeding. The little sufferer, who was only fourteen months old, was crying and struggling. On examination I found a red, vascular, pear-shaped projection between the labia, about the size of an ordinary walnut. The mother stated that this had been down for four hours. It became evident, on careful scrutiny and handling, that this was not of the nature of a polypus, or solid tumor, but the surface seemed to be formed by a mucous membrane, probably that of the bladder. It was tense with fluid. On turning this tumor from side to side and about, the vaginal orifice and hymen were distinguished posteriorly, but the lateral attachments were difficult to uncover. I was in the act of inserting a little finger through the anus, when a violent struggle was made, and the tumor burst, upon its prominent front aspect, at a tiny spot, and a fountain of clear, straw-colored serum played for a few seconds, and then the tumor partly collapsed. A very small clot of blood formed at the seat of rupture. The mucous character of the surface was now apparent. I did not see the orifices of the ureters, but I should say that I did not pull down the sac for the purpose of exposing them. While trying further to examine the case, the collapsed sac partly refilled, and the crying and struggling of the infant

caused more of the fluid to be ejected, and more than once. Mr. Stewart, the curator of the Museum, was present at this time, and took some of the fluid to test and examine microscopically. Meanwhile chloroform was administered. Under the influence of this, defecation and violent straining occurred. In order to prevent mischief from these efforts, I kept my thumb and finger pressed against the now collapsing sac, and found it gradually reducing in volume and receding; as insensibility became complete, the little finger easily returned the remainder of the tumor through the meatus urinarius and urethra. I did not pass the finger through this passage, as I might have done, to explore, but inserted a director, which moved freely, as though in a bladder. I felt no doubt, from that time, the case was one of bladder turned inside out, through the meatus. To my inquiries the mother stated that the tumor had been down for four hours, and that it had been noticed more than once before. Three days back it had been down for half an hour, and went up during sleep. She had observed a difficulty in urination, and dribbling, during about two months. The mother said the infant's bowels had been habitually costive. After reduction the case was admitted into the hospital to be watched, on the supposition that during the state of inversion the bladder had ruptured, and that mischief might radiate from the seat of lesion. Mr. Stewart's examination of the fluid tended to support me in the opinion that the bladder had ruptured. He informed me that when he had evaporated some of the fluid on a glass slide to within a little of dryness, it turned yellowish (like a serous fluid), but there was not any crystalline appearance; that on the addition of nitric acid no change took place, and there was not any indication of uric acid; that when this had been a little further evaporated, ammonia was added, but no change was observed, no color developed—there was no sign of muroxide. After admission no bad symptoms ensued. The urine flowed away so freely that it was not even necessary to keep a catheter in the bladder. On the third day, as the child seemed pretty well, the mother was allowed to take her out. The water continued to dribble away, and to be expelled on coughing, etc., for a few days, but soon almost complete control was regained over the urethra and meatus. In July, 1871, the mother reported that there had not been any relapse of the inversion, but that occasionally dribbling occurred, and sometimes, during coughing or sneezing, a gush of urine took place."

(To be Continued.)

Hospital Reports.

PHILADELPHIA HOSPITAL.

SURGICAL CLINIC OF DR. JOHN H. BRINTON.

REPORTED BY DR. W. M. ANGNEY.

Secondary Syphilis.

Gentlemen:—I propose this morning, to direct your attention briefly to a group of cases which excellently illustrate the onset or development of Secondary Syphilis. Let me premise, by reminding you that syphilis is usually divided into three grades or forms—primary, secondary, and tertiary. By *primary* syphilis, we mean the infecting chancre, and the inflammation and induration of the lymphatic vessels, and the nearest group of lymphatic glands; thus, if the chancre be upon the genital organs, the inguinal enlargements, or bubo, would form part of the primary symptoms. Under the term *secondary* syphilis, we include the fever which precedes the attack of the eruption, known as syphilitic fever; and the affection of the skin and mucous membranes and their appendages, and also certain lesions of the eye and of the testicles. In *tertiary* syphilis the fibrous and hard tissues are attacked, as the bones, joints, cartilages, and also the viscera and nervous system. Deep ulcerations of the tegumentary system are usually embraced in this classification. The dividing line between the secondary and tertiary forms of the disease is, however, a somewhat arbitrary one, groups of symptoms being constantly observed, as I shall show you presently, which with propriety may be referred to either.

With these remarks, let us turn to the examination of our cases. Here is a girl, M. S., about twenty years of age, who gives us the following history: Some three months ago she contracted a chancre on the vulva, which was not treated; this was followed by enlargement of the inguinal glands, without suppuration. These indurations, or kernels, as she calls them, gradually lessened in size, and ceased to attract her attention. She then thought herself well, until within a week or two, when the eruption which I now show you made its appearance, and for this she seeks the shelter of the hospital.

The eruption which she has is the roseola of syphilis, and when I examine her carefully, I find I can develop other symptoms which you will do well to note. The roseloa you see. She has in addition post-cervical adenitis and alopecia, and she has had syphilitic fever. We will now go back a little in the history of her case, and trace the march of the syphilitic invasion. First of all, we had the chancre—the infecting, or indurated, or Hunterian chancre—with its accompanying induration of the lymphatic vessels and inguinal glands. Then followed a period of repose, and this has often been spoken of as the period of secondary incubation; the interval between the primary development and the outbreak of the secondary, or constitutional form of the disease.

In the case of this woman, the time of secondary incubation was about two months, and then followed the eruption, preceded, however, by the

stage of syphilitic fever. She tells me that before the spots came out she had creeps and chills, followed by headache and fever, and that she suffered from pains flying about her, in her shoulders, and back, and loins, and in her extremities, and that the pains were so bad she could not sleep. These conditions indicate the existence of this syphilitic irritation or fever. It is easily recognizable, and with a little practice you can note as you pass through the wards, those patients who are its subjects. The wan, uneasy, sallow, dejected, and feverish appearances, are almost pathognomonic. The pains which accompany syphilitic fever are usually shifting, and paroxysmal, sometimes aggravated at night—nocturnal pains as they are called. Generally there is no local lesion sufficient to account for them; occasionally, however, there is. Here, for instance, is another girl, aged 21, who had a chancre two months ago, and has had a roscola upon her body and extremities for two weeks, accompanied by falling out of her hair. On her face the eruption is papular, with here and there shining vesicles. She is just emerging from a severe attack of syphilitic fever, and a very prominent feature in her case has been the presence of the osteoscopic pains, especially in her right arm, just above the elbow. You notice, as I raise the limb, the swelling of the part. When I feel it, it is very hard and exquisitely painful. At first sight, you might be deceived and suspect an injury. Yet there is here only one evidence, or outward visible sign of syphilitic fever, and she tells me that this is now decreasing and becoming more bearable. These inflammatory effusions occurring in syphilitic fever, although occasionally met with, are still not very common. You will therefore do well to bear in mind their possible presence. They will ordinarily disappear under local antiphlogistic measures, combined with the proper constitutional treatment.

In both of these women I find an enlargement of the glands upon the back of the neck. In nearly all cases of constitutional syphilis there is at the outbreak a tendency to what is known as indolent engorgement of the lymphatic glands. That is, the glands generally in the body show this tendency to engorgement. You must not confound this state of affairs with the induration present in those glands in continuous anatomical relation with the primary sore, as the inguinal glands, when chancre of the penis or vulva exists. This indolent engorgement, or constitutional bubo, affects glands at a distance, and especially those of the back of the neck. I can very well recollect the importance Ricord used to attach, in his lectures, to this enlargement, and how, to use his own expression, post-cervical engorgement was a "most precious sign of constitutional involvement." The glands usually involved are those just on the side of the nucha below the occiput, those behind the posterior edge of the sterno-cleido mastoid, and the little gland just over the mastoid process. The first mentioned are, I think, most commonly implicated. When affected they vary in size, from a pea to an almond. In one of these women, on one side the gland is small, although hard; on the other side it is nearly as large as an almond. On the neck of the second girl, both sides are equally, although moderately, enlarged. In the normal condition you cannot usually detect these glands, hence any induration or enlargement is readily observed in disease, and becomes, as you may imagine, a useful point in diagnosis. The epitrochlear gland, just above the internal condyle of the humerus, is also not infrequently enlarged.

Another secondary manifestation, and an early one, is falling out of the hair—alopecia. Here are two women in whom this condition is present. Each one has alopecia, each one a different form. The general account of this symptom, as they give it, is the same, namely, that in brushing their hair, and in washing, it comes out in greater or less quantities. Observe, if you please, the difference. These patients are both suffering from general alopecia, involving the whole of the scalp; the hair comes out all over the scalp; but it will grow again, after a time. In the first of these girls, the most recent case, the hair, on inspection, has not greatly altered in appearance; it still retains its glossy, shining character, is pliable, and not brittle. Now see; I take a few hairs by their extreme ends, and pull gently; they all come out by the roots; you can see the bulbs. I now take, in the same manner, some of the hairs of the second girl, and in like manner pull on them gently. Some few of them come out, but most of them break. To pull them out I must catch them lower down in their length. These hairs have lost their strength: they are brittle, and break readily; and so will those of the first woman, in all probability, after a while. In both of these patients the whole scalp is equally affected; the condition is general alopecia. The hair will fall, but will again spring up, because the hair follicles and the papillæ have not been destroyed.

Next, turn your attention, for a moment, to the head of this third woman; she has had a long and very severe attack of syphilis, which has reached the tertiary form, although she is now convalescent. Some time since deep ulcers formed here and there on the scalp; these have closed up, cicatrized, and you can see the bald spots scattered over the scalp. This is local alopecia; these bald spots will remain bald as long as she lives; the hair follicles and the papillæ have been destroyed. In the first two cases of general alopecia the cause of the hair-fall has been the syphilitic dyscrasia, impairing or lowering the vitality of the blood. The same thing occurs in typhoid fever, in neuralgia, and possibly in malaria. An increased formation of the sebaceous matter will also produce, it is stated, the same result. But remember, that as long as the hair follicles remain, as in general alopecia, you may hope for regeneration and growth of the hair, to a greater or less extent. But when the loss of the hair is dependent on ulceration destructive of the hair follicles, the loss is irreparable. Occasionally the eyebrows and eyelashes are lost. I may here, in this connection, say a word as to the local treatment of general alopecia. It consists in keeping the scalp clean, by washing occasionally with tepid water containing a little borax, or a weak solution of ammonia; gentle brushing, and the avoidance of fine combs. As a stimulant application, to be

used at night, the following combination will be found useful:—

℞.	Glycerin,	f. ℥ j
	Tincturæ cantharidis,	f. ℥ ij
	Cologne water,	f. ℥ v.

or the tincture of capsicum may be substituted for the cantharides. A favorite ointment, which has long been used for this purpose, is known as the pomade of Dupuytren. This contains a tincture of cantharides and acetate of lead, and is a well-known formula of the druggist's shop.

In the next place, let me direct your attention to the examples of the early eruptions of syphilis, presented in kaleidoscopic view, as it were, by the patients before you. If you turn to your books, you will find the syphilitic eruptions classified with great skill, and the dividing lines drawn with wonderful precision. In practice this is not altogether so, for you will find the varying types present in the same individual. Hence it is well for you to fix in mind the general characteristics of the eruption of syphilis. Indeed, one of the peculiarities of the eruption is its manifold character. See, here is a patient with a roseola on the trunk, and a scaly eruption on the lower extremities. Here is another, with a roseola on the body, and a papular eruption on the face. Here is a woman with papular and eczematous spots. Here is another with mucous patches, and ecthymatous sores; and I might bring many more such before you, but these are enough for my purpose at present.

Let us examine these eruptions more minutely. The first thing that strikes you is the color. I hardly know how to define the color, for it is so changeable. In this girl, upon whom the roseola has just made its appearance, indeed, only three or four days ago, the spots are scattered on both arms, and are of a faint and very delicate pink. When I press upon them the color disappears, but immediately returns as I raise my finger. Notice how distinct these spots are; occasionally they touch and run together, but even when they do, the peripheral margins preserve their curves. The delicate color may perhaps be due to the fine texture of the skin, which in the unaffected parts is white and delicate. Sometimes spots such as these are evanescent. I have a woman in my wards, L. H., aged nineteen, with well marked engorgement of the post-cervical glands and a roseola upon the arms and legs. There is none upon the face, but it can be produced by washing with cold water, and by friction with a towel. It then gradually fades away. The term "copper color" is often applied to syphilitic eruptions, and with a certain amount of truth. You see this hue in two or three of the patients; notably in this man. Possibly this copper shade is more often met with in patients who have dark skins, in whom the eruption has been present for a prolonged period. Whether you like the term or not, fix the color in your mind—a reddish brown, or brownish red, with a strong tinge of yellow; the yellow often fading away into the natural color of the skin. In some of the patients the color is hardly coppery at all, or if it is, it is a very reddish copper. This is the shade which has often been spoken of as the color of raw ham. Here you see it in a comparatively early eruption, and here in the smooth scar of a healed rupia upon the leg. Varying as all these colors do, I think you will be able to form some idea of them, which I cannot give you in words.

One peculiarity of these syphilitic eruptions I will ask you to note, and that is, that there is seldom any itching. None of these patients have suffered in this respect, and I have often examined individuals who scarcely knew of the existence of these eruptions. I remember one gentleman especially, whose back was spotted with a roseola from his shoulders to his hips, the result, as he afterward told me, of a trip down the Danube; and yet he was sublimely ignorant of his acquisition. You will, I am sure, be struck, in looking at the group of patients before you, at the localities of these syphilitic eruptions. Most of them are situated upon the back, upon the front of the chest and belly, upon the legs and arms. The face, the hands, and the feet, are less favored sites; and well it is so. I have seen patients covered with roseola from the neck to the instep, not a clean spot below the shirt collar upon which you could lay a silver dollar; and yet they were walking about, attending to their daily avocations, and no one the wiser. As a rule, the face and hands escape; but this is not always so. Here is a young man with a roseola a week old, and you see the front of his face is unmistakably marked.

As to the period at which roseola makes its appearance, there is a good deal of variation. Generally it is developed about two months after the primary symptoms; as a rule, the earlier its appearance the sooner it fades away. A late roseola is apt to last. As a roseola disappears we often have desquamation of the cuticle, as you see in this case. The scales are then white, and fine, and are easily separated. There is one peculiarity in regard to syphilitic roseola you must bear in mind, and that is, that although it will yield readily to mercurial treatment, and fade away, it is apt to return. This may occur if the treatment be stopped too soon, or if the patient be imprudent in habits, or be much exposed. A return to the treatment will usually cause it again to disappear.

Another of the early syphilitic eruptions presents itself in the form of papules. I have here three well-marked instances. In two of them the papules have developed on the face, in one on the face and neck. In the men's ward there are several similar cases. In the two first women the papular eruption was coexistent with roseola on other portions of the body. I will ask you to notice the characteristics of these papules. In this case they are small, conical projections scattered over the face, especially numerous near the alæ of the nose. As I turn the patient to the light I can distinguish on the tops of some of these papules little shining bodies; these are vesicles filled with serum. On other papules the vesicles have burst, and have left fine glistening scales, which are easily detached. It is somewhat difficult to obtain a true history in this instance, but from what I can learn, this eruption has been an early symptom of the general infection. Here iritis also is present, an affection of which I shall have occasion to say something to

you hereafter. In this other woman the papules are broader and flatter, appear, in fact, more solid, and are not tipped by vesicles. The papular form of secondary syphilitic eruption is, as a rule, chronic. It yields slowly to treatment, and is apt to recur. It soon loses its florid red or pink color, and assumes the darker hue of which I have spoken; this, in its turn, gradually fading away. Occasionally, when chronic, papules are accompanied by itching.

Mucous Patches.—Another of the early evidences of secondary syphilis is the mucous patch. This is found usually, as its name imports, upon the mucous surfaces of the body, near their outlets, in the mouth, around the anus and vulva, and within the vagina. But the patch is also found on the skin proper at those points where folds of skin rub together, as between the buttocks, low down in the folds of the groin. I have seen them often between the toes, and below the breast, in the female. When the patch occurs on the skin near the mucous outlets it is usually rounded or curved, and elevated above the level of the integument. The surface of the patch is rough, reddish, or grayish-red in color, and often covered with an exceedingly foul and fetid secretion, which is said, and I believe justly so, to be contagious. Sometimes this singular growth is developed on the site of a chancre.

A favorite seat of the patch is the mucous membranes of the mouth and lips. Here is just such an instance, occurring in a man who had primary symptoms about two months ago. I will ask him to put out his tongue, and as he does so, you notice the long, oval patch upon the side of the tongue. It is grayish-white in color, not reddish, is slightly elevated above the surrounding surface. It is annoying by its presence, rather than by any positive attendant pain. I will direct him to evert the upper lip, and you now perceive a long, flattened, shining surface, of a pale pink; this also is a mucous patch, and I wish you to observe these two syphilitic manifestations very carefully. You may not infrequently see just such patches as these in your practice, and you must know how to regard them. Remember, above all things, that they are infectious, and see to it that no spread of the disease occurs to third parties, by means of kisses, the use of the same towels, linen, drinking glasses, or other objects and utensils.

The mucous patch, as I have said, is one of the early secondary symptoms; its average period of appearance being about seven or eight weeks after the primary infection. Its development is favored by personal uncleanliness, and in a hospital with such inmates as ours numerous examples of this lesion are always to be found, and I shall have occasion hereafter to bring before you illustrations of condylomata which are only aggregations of mucous elevated patches in the genital and anal regions. In leaving the subject, let me say a word or two in regard to the treatment of mucous patches; of course, first of all, there must be the general constitutional treatment proper to the secondary syphilitic development. In the next place, local treatment must be employed; the surfaces of the sores or vegetations should be destroyed by caustic; the nitric acid I usually prefer. Perfect cleanliness should then be enforced; the parts should be washed night and morning, or oftener, with permanganate of potash, or chlorinated soda solutions, and afterward they should be dusted with calomel and starch, in equal proportions. The attrition of opposite surfaces should be prevented by the insertion of a dry cloth. This is the treatment recommended by Dr. Bumstead, of New York, and I have usually found it to be efficacious.

I have thus, gentlemen, brought before you this morning a few cases illustrative of the onset of syphilis. I have presented the patients as they came to my hand, and from them I think you may derive an idea of the Protean forms of this terrible disease. At the same time you will, I am sure, have seen that, differing, as the individual cases may do, there is still a general law of development. There is, in fact, a march to the disease, beginning with the infecting chancre, accompanied by induration of the lymphatics and of the nearest lymphatic glands. These constitute primary syphilis. Then comes the secondary period of incubation, then the syphilitic fever, then the post-cervical adenitis. These manifestations are the skirmishers which precede the advance and deployment into line of battle of that fearful array, the secondary developments of constitutional syphilis. * * * *

Medical Societies.

COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the regular meeting, December 8th, 1878, Dr. William V. Keating read an article on

An Endemic of Typhoid Fever, from Defective Drainage.

The history was of a family in Spruce street, Philadelphia, four of whom were attacked by typhoid fever in rapid succession, two of the cases ending fatally. A competent plumber, who was called in to examine the plumbing, reported as follows:—

"I made the examination and found there was no main trap in the drain pipe. There was a three-inch galvanized sheet-iron corrugated pipe leading from the French roof, between the outer front wall and the studding, and exposed in the cellar and connected with the terra-cotta drain near the cellar floor, every slip joint of which was pouring out its deadly contents of sewer gas, to be taken up by the large portable heater which was supplied with cold air from the cellar and distributed through the main building. I also found the waste pipe from the second and third story wash-basins trapped in the cellar, and smelling at the connection with the terra-cotta drain pipe near the floor. Here were two stories of waste pipe (with no traps under the basins) to help to vitiate the air of their respective apartments. I also found a four-inch rain conductor run down on the outside of the back building, near the main building, all joints of which poured out their quota of sewer gas to be carried into the house through

the open windows, in pleasant weather. You could not stand at any of the open windows in the rear portion of the house without being sensible of the presence of sewer gas in the surrounding atmosphere, caused by the exhalation of foul vapor from the rain conductors of the surrounding properties. After digging up the front of the cellar to put in a main trap, my workmen found the terra-cotta pipe jointed with common lime mortar."

In discussing the general bearings of this case, Dr. Keating remarked—

It is not my intention, and it would be a work of supererogation on the present occasion, to go into an elaborate discussion of the etiology of typhoid fever. You are aware that there are two prevalent theories. One teaches the spontaneous, autochthonous, or *de novo* origin of the disease from a specific poison, which, after its passage through an individual, and further decomposition, can be a source of contagion; according to this view, the substances to be decomposed must be animal, consequently fecal, masses, and above all, human excrement. This is the view advocated by Murchison. The other theory, claimed by Budd, generally adopted by the German school, and of which Liebermeister, in Ziemssen's Cyclopedia, is the able exponent, denies the spontaneous or *de novo* origin of the disease, and believes in the propagation of the so-called specific germ, from the parent germ. It would be useless to restate the facts and observations which support one or other of these views, and while the voluminous records of investigation have not solved the question of etiology as a scientific problem, still, for practical purposes, we are fully able to stamp typhoid fever as an epidemic. The prevalent belief of this day is that each zymotic disease is dependent upon a specific poison or germ, so-called because it will, when introduced into the proper human soil, produce only the phenomena of the disease from which it originates. Thus, the scarlet fever germ will only produce scarlet fever, but the type or expression of the disease may depend upon the condition of the individual, and to some extent on the vitality of the poison.

It is generally admitted that the specific germ of typhoid fever reaches the system by means of the alimentary canal, and that its greatest activity is displayed when swallowed in drinking water or milk; hence its most frequent occurrence in the country, where cesspools connect with the drinking wells or dairy houses. Next in order it occurs where the air, and consequently all the ingesta, are saturated with the germs; to the latter class my paper has special reference. Again, where the germs come in contact with the open air, as from upturned, saturated soil, or banks of low, polluted rivers, under hot August days and cool nights, with extreme evaporation of the poison during the day and condensation at night.

The combinations found in sewer gas, where animal and vegetable decomposition have taken place, may, through some unknown cause, generate *de novo*, or spontaneously, this poison. The specific properties which give it the form of scarlatina, measles, typhoid fever, or diphtheria, may be associated together in the same cesspool or sewer, and each one of these affections will then appear in that individual most susceptible to its peculiar influence. Again, the immunity of certain persons exposed may depend upon previous mild attacks, and it has been proved that during an epidemic of any of these diseases few escape some symptoms of poisoning, however slight; but even this abortive form may protect the individual. Hence, it may be said that while the type or succession and severity of the symptoms can be regulated by the individual and epidemic influence, the specific character of the poison, whether a germ or gas, or whatever we may call it, depends for its elaboration or fabrication upon heat, moisture, animal and vegetable decomposition, apart from atmospheric air. The name, then of pythogenic fever, substituted by Murchison, does not hold good for typhoid fever, because it withholds the specific character of the disease; it can only be efficient in septicæmia or foul-air poisoning, with its variety of irregular symptoms, independent of specific origin.

Although Dr. Budd, I believe, maintains the contagiousness of typhoid fever, yet hospital experiences, from which we can derive the most satisfactory and conclusive evidence on the subject, give but little support to this view; and while it is of universal experience that hospital attendants are very liable to be attacked in nursing cases of typhus fever, it is also generally admitted, on the other hand, that medical attendants upon typhoid or enteric fever rarely contract the disease from the sick under their care. Thus, during twenty-three years, from 1848 to 1870, while 5988 cases of enteric fever were admitted into the London Fever Hospital, only 17 residents in the hospital contracted the disease, and most of these had no personal communication with the sick. Of the 17 cases, 9 occurred in nurses, and 12 of the 17 occurred subsequently to 1864, when various extensions of the hospital buildings led to a serious derangement of the drainage. But the most remarkable fact is what follows. Since 1861 it has been the practice in the same hospital to classify the patients, thus: The typhus, relapsing, and scarlatina patients have been kept in distinct wards, whereas the patients suffering from enteric fever have been kept in the same wards with many other patients sent to the hospital, but who have not been the subject of any form of contagious fever. The two classes have remained together both during the acute stages of their maladies and in their convalescence, and in most instances for several weeks. The same night chairs have been used by both classes, and the employment of disinfectants has been exceptional. Here is the result. During nine years 3555 patients with enteric fever have been treated along with 5144 patients not suffering from any specific fever. Not one of the latter has contracted enteric fever. In examining the statistics of St. Joseph's Hospital I find that while 272 cases have been treated there in ten years, in the same wards with other cases, the patients using the same night chairs, and the stools not being disinfected, there is not a single record of the disease having originated in the house.* My friend Dr. Guitéras has ex-

* See Murchison on Continued Fevers.

amined the records of the Philadelphia Hospital, and can only find that within the last ten years two attendants have been attacked with typhoid fever—one the resident physician, who may have contracted the disease outside, and a nurse, whose case was doubtful. All evidence, therefore, is, I think, in favor of the view that the fresh evacuations are harmless, and that the poison is developed during their putrefaction.

While admitting that enteric or typhoid fever can originate from the specific poison generated in decomposition of the evacuation, it seems to me that it must also be admitted that the disease may have a spontaneous or *de novo* origin. The individual experience of most of those here present, combined with the voluminous published records of the autocthonous origin of disease, in its sudden outbreaks in isolated places, and under circumstances where there has not previously existed any trace of its continuous origin, are sufficient proofs in themselves to justify the assumption that where typhoid fever breaks out in a private dwelling or hospital, without the previous introduction of a case of the same disease, there is something radically defective in the sanitary arrangements, and that either the air or water is polluted with decomposing excrement. Not to trespass upon your time, I will merely recall the celebrated Clapham school cases cited by Murchison, where twenty boys out of twenty-two were seized within three hours with fever, vomiting and purging, and excessive prostration, and the only cause which could be discovered originated from a choked-up drain, which had been opened, cleaned out, and its contents spread over the garden adjoining the boys' playground, two days before. The morbid appearance in the two fatal cases were those of typhoid fever. It may be objected in regard to these cases, as well as in regard to those reported by me to-night, that the course of the disease, especially in its incubation, was more rapid than that which usually characterizes typhoid fever, but this may be accounted for by the intensity of the poison.

In Miss F.'s case, as it had been a month since she left Renovo, on the 29th of August, it was not probable that the period of incubation should have lasted until the 9th of October. I beg leave also to cite a more striking instance in our own country: I refer to the outbreak of typhoid fever at Bar Harbor, Mount Desert, in August, 1873, so accurately and graphically described by Dr. W. J. Morton in the Boston *Medical and Surgical Journal* for October, 1873. In the little town of Bar Harbor, on Frenchman's Bay, situated on a beautiful slope of the island of Mount Desert, in an atmosphere in which, from its purity and exhilaration, one experiences a joyousness of existence, and where all "save the spirit of man is divine," there broke out, at the Bay View House, during the month of August, 1873, an endemic of thirteen cases of typhoid fever, all caused from an overflowing cesspool, maintained within ten feet of the verandah of the hotel, in combination with the drain in the same field full of putrefying material collected from the kitchen garbage of the Harbor House. Dr. Morton exhibits a diagram of the cesspool, and its location as regards the hotel, and proves conclusively that, in a crowded house, a case of typhoid fever was associated with every room except one, on the side of the house exposed to the drain emanations, and that the inmates of the room which, owing to its peculiar construction, formed a pocket in which ventilation was a remote possibility, were the most seriously affected. During my sojourn on the island, in the summer of 1874, I visited the site of this dreadful disaster, which nearly blighted the prospects of this beautiful spot as a place of summer resort. Upon careful inquiry from the most reliable lay sources, the town having always been so healthy as not to require any resident physician, I could not discover that, within the memory of any of its inhabitants or any of its constant visitors, a case of typhoid fever had ever existed there before the outbreak just described.

Among the innumerable records of similar instances, I have cited these cases as a proof of the spontaneous or *de novo* origin of typhoid fever, believing that any one incontestable proof of its autochthonous origin would be sufficient to give reason for the faith that is within me, of the occurrence of the spontaneous outbreak of the disease under a combination of the same circumstances.

Another point which it seems to me is often overlooked in the discussion of this subject, and which is of paramount importance in the prevention of the disease: We admit the theory of a living germ of specific poison, and forget that there is another factor in the case, of equal importance. I refer to the receptivity of the soil or blood into which this germ or poison is introduced. In a normal condition, we admit the autonomy of the individual, but pathologically all stress is laid upon the potency of the germ, and very little reference to the varying constitutions of the recipients. Yet, when we come to analyze the fact, admitting either of the above theories, both of which unite in the belief of a specific poison or germ, we have to admit that it is due to the susceptibility of the soil or blood, to select the specific germ from the variety collected in the emanations from decomposing organic matter, which can fructify and reproduce its characteristic phenomena. Whence this peculiar affinity of the soil or blood for the specific germ? We must all acknowledge that the varying virulence in smallpox or scarlet fever is not always due to the quantity or quality of the poison, but to the constitution or receptivity of the blood of the individual.

In the case of Miss F., there were no abdominal symptoms throughout the disease; not a symptom of any intestinal disturbance. The condition of the tongue, very red and flabby, pointed, throughout the whole case, more to a general blood disease than to the effect of a specific poison. Still, Miss F. had been subjected to the same influences as the others.

In the year 1850 I had occasion to visit a family in Race street, in which two of the children were attacked with measles, one with scarlet fever, and a fourth one with a hybrid of measles and scarlet fever combined, a phenomenon which the late Professor Meigs observed with me. All the inmates of the house were affected more or less, and one of the servants was attacked with typhoid fever. At the sug-

gestion of Professor Meigs, I examined the house carefully, and finally discovered that the cesspool of the neighboring house was leaking into the cellar of the back building. The children slept in the second story of the back building, the servant who had typhoid fever slept in a sort of out-house, but on the ground floor, in close proximity to the obnoxious exhalations from the infected cellar.

In 1863 I attended a family in East Delancy Place, where there prevailed, within two weeks, scarlet fever, measles, diphtheria, and a case of typhoid ambulatorius. An examination of the premises revealed in the cellar an old cesspool, covered up without having its contents removed. The cement or mortar had cracked, and foul exhalations were oozing out. I could cite one house in Thirteenth street, where the whole family of a gentleman who had changed his residence from the country, suffered within a month from attacks of measles, scarlet fever and diphtheria. Another, in Walnut street, above Twenty-first street, where, after the family had moved in, I was in attendance for two months for cases of scarlet fever, diphtheria and typhoid fever. In these last instances, upon examination, it was discovered that, though the houses were otherwise in a perfect sanitary condition, no trap had been placed at the exit of the terra-cotta drain in the cellar; a defect in drainage which I am afraid, even in the best and most expensively constructed houses in our city, is more common than most of us are aware. Even in the houses cited, there were inmates whose powers of resistance enabled them to throw off by the different emunctories the results of these poisonous agents. Another class become more or less gradually acclimated, others brokenly live on, themselves and their medical attendants ignoring the cause of their continued malaise, dragging out a miserable existence, subjected to the same influence as their more weakly constituted brethren in whom a violent explosion of the disease may have produced a fatal result. How many cases of so-called abortive typhoid fever we have all of us seen, in which the general symptoms almost with certainty pointed to the character of the disease, but in which the absence of the more pathognomonic signs made us hesitate about our diagnosis. In all these cases the essential cause is the poisoning by emanations from decomposing organic matter, in which originates, according to the modern theory, the germs of the various types of diseases.

There is then an affinity and selection on the part of the soil for the specific germ. One soil receives and fructifies the scarlatina germ; another, under the same circumstances, the typhoid fever germ; a third, the diphtheria germ; but will any one attribute this to mere accident? Can there be here, in accordance with our modern view of genesis, a specific ovum or cell in the blood of the individual which is vivified by its congener cell in the sewer gas? Account as we may for the development of the specific germ, there must be receptivity in the soil which receives, and it is perhaps destined for future experiments to determine what the peculiar element, either present or wanting, in the blood, which endows it with this receptivity or susceptibility. Quinia, discovered not through any observation as regards the character of the malaria spore, arms us with Achillean shield in the presence of vegetable decomposition, and of its resultants as seen in the Protean forms of malaria. The same drug is becoming our mainstay in the treatment of the blood poisoning of septicæmia. May I not suggest that, among the preventives, some combination of quinia with carbolic acid or other antiseptic agent, dissolved in an innocuous fluid, like milk, may yet be transfused into our circulation, and antagonize that specificity or receptivity which seems to be as essential a factor in the poisoning as the germ itself.

Dr. William G. Porter reported a case of rapid

Post-Mortem Emphysema.

The subject, a man of fifty-eight, temperate and previously healthy, was seized with nausea, vomiting and intense epigastric pain, and died in a few days. The following then occurred:—

At 8 o'clock in the morning the undertaker called on me and informed me that the body had swollen so enormously that he was afraid it would burst. About 9 A. M., accompanied by Dr. Morris Longstreth, I visited the house, and found that the body had swollen so much as to raise the lid of the ice-box several inches, although the corpse had been freely covered with ice. Permission was readily obtained to make a post-mortem examination, when, on removing the ice, the whole body was found to be intensely jaundiced and enormously swollen. The features were so much distended as to be unrecognizable, and the face was covered with clotted blood, which had been forced out from the bloated mouth and nostrils.

On making the usual post-mortem incision in the median line of the body, air, without appreciable odor, escaped from the cellular tissue; the tissues receded from the knife as if they had been stretched to the utmost; a large quantity of air, also without odor, escaped from the peritoneal cavity; and the over-distended bowels ballooned through the incision over the abdomen. The genitalia were enormously distended with air. There was no evidence of peritonitis.

The *liver* was of normal size and natural color, but exceedingly friable, permitting the finger to be easily thrust in all directions through its substance; on section with a clean knife, blood and globules of oil escaped. The gall bladder was full of normal bile; there were no gall stones, and there was no distention of the duct. The liver was emphysematous, and floated high on water. The *spleen* was of normal size, also emphysematous and friable, and presented the same appearances on section as the liver. The *bowels* were very considerably distended with air, and on being punctured previous to sewing up the body the gas which escaped was almost if not entirely inodorous. The *kidneys* were easily removed without the aid of the knife, leaving the capsules *in situ;* they were also emphysematous, and presented the same appearances on section as the liver. The *stomach* was also distended with air, and contained a considerable quantity of broken-down and disorganized blood. The *heart*

was empty, containing neither blood nor clots of any description; its tissue was softened, emphysematous, floating high on water, and presenting the same appearances on section as the liver.

On puncturing the distended lips, eyelids, and scrotum, large quantities of air, entirely inodorous, escaped, and the distended parts collapsed.

Editorial Department.

Periscope.

Remedies in Headache.

Dr. W. H. Day makes the following remarks on some remedies for headache (*British Medical Journal*):—

Croton-chloral has been recommended by Dr. Liebreich, of Berlin, as possessing a special action on the sensory branches of the fifth nerve. It is of most benefit in facial neuralgia, relieving pain and producing sleep. I have known it to prove very serviceable in some cases of nervous headache in which the disorder has chiefly occupied one temple, the occiput and neck, or one parietal bone; and in other cases not only to utterly fail, but to induce sickness and nausea, if they did not previously exist. I generally give ten grains for a dose, in plain water, though it has been recommended to dissolve the remedy in a few drops of glycerine and then add the required quantity of cinnamon water, which, to some extent, disguises the bitter, nauseous taste. On this account, it may be given in the form of a pill, beginning with two grains and increasing the dose according to the urgency of the symptoms.

Hydrate of chloral is a remedy which has become one of the most frequently chosen of therapeutic agents, from its hypnotic effects. In large doses it is narcotic, and in very large doses it is said to produce anæsthesia. In nervous and spasmodic diseases, as puerperal convulsions, trismus nascentium, and the sleeplessness of chorea, we all recognize its value. In headaches, whether of the nervous or vascular type, when the pain is wearing out the patient and sleep cannot be obtained, chloral is of undoubted value. Chloral is a remedy requiring extreme caution in its administration whenever headache has recurred so often as to exhaust the patient's nerve force. Where the pulse has become small and weak, through constitutional debility or failure of the heart's action, a full dose may be followed by syncope. Incautiously administered, it may reduce the frequency of the respiration and annihilate the pulse. It lessens blood-pressure by its action on the vaso-motor system, and also by depressing the heart's action; hence it requires caution in cases where the patient, although severely suffering, is exhausted. In some cases, after its administration, I have observed such profound sleep and quiet and shallow respiration as to make me cautious in employing it where the circulation is feeble.

Chloral has a decided effect upon the vascular system, and if the pulse be firm or hard, the face flushed, or the excitement considerable, it relaxes the muscular walls of the arteries and reduces blood-pressure. It has been recommended not to employ a larger initial dose than ten grains; but I have never witnessed any effects of an overdose from twice the quantity. Very alarming symptoms have followed doses of forty and even thirty grains, so that its use requires caution, if the nerve power be much reduced.

Gelsemium is something useful in neuralgic headache and the neuralgia arising from decayed teeth. The powder and the tincture are the two forms for administration. The dose of the former is from one to two grains, and of the latter from ten to twenty minims. It is a powerful remedy, and, as many fatal cases are recorded from an overdose; its use requires caution. My experience of it is very limited, from having many more remedies at my command with which I am better acquainted. In one case I gave a grain of the powder in a pill every night, for sleeplessness caused by neuralgic headache, and it exercised a most beneficial effect.

Phosphorus is one of the most important agents we possess in nervous exhaustion, and its efficacy is undoubted when administered in an unoxidized state, capable of being readily assimilated. No remedy requires more care in prescribing than this; for, while in small doses it is a gentle stimulant and tonic, in large doses it depresses the heart's action, like chloral, and is not free from danger.

How to Give Electric Baths.

A correspondent of an English contemporary writes:—

There are several ways of making or giving the electric or galvanic bath. One is, having a wooden bath lined with copper, and having a crossbar of wood and copper for the patient to hold as he lies in the water. One of the cords from the battery is attached to either the bar or the copper part of the bath, which becomes the positive pole; the negative is placed in the water. The water should be from 85° to 95°. Another method, which is much easier of application, is used by me constantly. It is an ordinary long dressing-room bath, two parts filled with water, 90°, so that the patient

can lie down comfortably; the water is then charged by placing two plates of copper (size 12 by 6) into the water; the plates are attached to the cords from a Meyer and Meltzer continuous current battery. The plates must not be allowed to touch the person, for a sharp burning is at once felt, and they will almost jump out of the bath, from the sudden pain. I have seen a patient after twenty minutes in a bath of this kind look just like a boiled lobster, the skin being very red, and giving a tingling sensation for some little time. The diseases for which I am in the habit of using it chiefly are, plumbism, lead colic and dropped wrist, rheumatism (subacute and chronic), nervous debility, amenorrhœa, want of development of the uterine organs, infantile paralysis, paralysis agitans, progressive locomotor ataxy, and impotency; and, considering that nearly all these diseases are of a slow or chronic type, this kind of treatment has been most successful.

Poisoning from Sweet Spirits of Nitre.

This widely used remedy is unsafe in an overdose. The following case of poisoning is reported by Dr. T. W. Hill, in the *Lancet*:—

I was sent for on Thursday, September 26th, 1878, to see a male child, aged two years and eleven months, who had climbed up on a chair and taken from off the mantle-piece a stoppered bottle containing between three and four ounces of sweet spirits of nitre, and drank the contents, during the absence of the attendant. On my arrival, at 1 P.M., I found him in a complete state of collapse, cold, almost pulseless, insensible, both pupils fixed and widely dilated, breathing hardly perceptible. Before seeing him he had vomited freely, the contents of the stomach being undigested food (no blood), with a smell of spirit; the bowels had been well open. I had him placed in bed between warm blankets, and hot-water bottles applied to the feet and armpits. After an hour and a half the temperature of the body began to grow warmer, and at three o'clock seemed of a burning heat; slight perspiration apparent, pulse slightly improved; strong smell of spirit from the breath. At 6 the vomiting and purging recurred; at 10.30 the breathing became stertorous, and he died at half-past 11, just twelve hours after he had taken the fatal dose, no convulsions having occurred.

Necropsy, three days and a half after death.—Body measured thirty-six inches, well nourished. No external signs of injury. On opening the abdomen, a strong alcoholic odor was emitted. The stomach contained food, chiefly bread, in a state of semi-digestion; the mucous coat was highly inflamed and red near the pyloric end, on the anterior surface of the posterior border, and in one spot very much attenuated. The duodenal end of the small intestines red and inflamed and bile-stained; the remainder of intestines healthy. Kidneys slightly congested. The other organs healthy. On removing the skull-cap, I found the membranes of the brain highly congested, containing a large quantity of dark-colored blood. Brain soft, pulpy, and quite wet; vessels congested; no trace of fluid in the ventricles.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A pamphlet of 16 pp., by C. G. & J. U. Lloyd, of Cincinnati, gives a very satisfactory account of the Berberidaceæ, their botanical description, commercial history, medical properties and pharmaceutical relations. Those interested in our indigenous medical botany should procure it.

——Dr. M. Landesberg, of this city, has issued a paper of sixty odd pages, containing the statistics of 123 operations for cataract. The notes have been carefully taken, and will no doubt be appreciated by ophthalmalogists.

BOOK NOTICES.

Cyclopedia of the Practice of Medicine. Edited by H. Von Ziemssen. Vol. xiii. Diseases of the Spinal-Cord and Medulla Oblongata, by Prof. W. H. Erb. Vol. xvii, General Anomalies of Nutrition and Poisons, by Professors H. Immerman, R. Bœhm, B. Naunyn, and H. Von Bœck. New York, Wm. Wood & Co., 1878.

In the thirteenth volume Prof. Erb begins his discussion of diseases of the spinal cord, with general considerations on their symptomatology and etiology. In the latter he assigns the first place among acquired predisposing causes to sexual excess. While he acknowledges that at times the influence of this factor has been overestimated, he believes that at present the tendency is to underrate its dangers. With Sir James Paget, however, Prof. Erb does not consider masturbation any more pernicious than natural coitus, an opinion in which we are fully convinced both these eminent authorities are in error.

Following this, the diseases are divided into those of the membranes and those of the substance of the cord. "Spinal irritation" is justly recognized as a distinct and real disease. Myelitis is subjected to an extended inquiry, and an effort made to clear up the obscurity which hangs over the varieties of this multiform complaint. Tabes dorsalis is the old name retained for a group of symptoms which have been variously divided of late years. Prof. Erb states that he has extensively studied Westphal's diagnostic dis-

covery of "Tendon Reflex," and reposes great confidence in it.

In the other volume mentioned at the head of this article, Prof. Immermann discusses hæmophilia, scurvy, and the morbus maculosus. He recognizes the wide-spread existence of land scurvy seen in recent years; and although he speaks of the "chaos of professional opinion" on this malady, he judiciously recognizes the condition as an individual disease. What he calls the *morbus maculosus* of Werlhof is better known as *purpura hemorrhagica*, and it would have been better to have retained this latter title.

Most of the volume is occupied with poisons. Bœhm treats poisoning by mettalloids, mineral and vegetable acids, alkalies, anæsthetics and tainted food; Naunyn discusses poisoning by the heavy metals and their salts; and Von Bœck the vegetable poisons. These are all discussed with considerable fullness, and a full line of authorities quoted on the symptoms, pathology, etc., of the various attacks. We note, however, that under mushroom poisoning nothing is said of the antidotal power of daturine, and the antagonism of poisons might advantageously have been more fully brought out in several cases.

The typographical execution of the work is, as usual, entirely satisfactory, and the careful indexing and proof reading it has received are points of value to every reader.

Half-Yearly Compendium of Medical Science. Part xxiii, January 1879, pp. 300. D. G. Brinton, 115 S. Seventh street. Price $2.50 per year.

The January number of the HALF-YEARLY COMPENDIUM contains articles on 213 subjects, and from 215 writers who have contributed important articles to periodical medical literature within the last six months of 1878. Of these 94 are American and 121 foreign. Sometimes they are given in abstract, sometimes in the words of the original. The whole range of medical literature has been investigated, the work being divided into seven sections.

With such a comprehensive plan, and carried out in such a thorough manner, little which is at once new and worth knowing has escaped the eyes of the compilers.

The editor announces that the next number, that for July, will complete the second series, and that it will include indexes to each of the seven departments, which, as they are separately paged, can then be taken apart and bound in independent volumes.

The publisher offers the COMPENDIUM to subscribers to the REPORTER at $2.00 per year, and as its field and its contents are wholly separate from that of the weekly, the combination makes one of great value to practitioners.

The attention which is given to American authors in this publication gives it a distinctive value which none other of the class possesses.

Physiology; Preliminary Course Lectures. By James T. Whittaker, M.A. M.D., Professor of Physiology in the Medical College of Ohio. Cincinnati, Robert Clark & Co.; pp. 288. Price $1.75.

In a dozen lectures, which in all make up but a small-sized volume of less than 300 pages, the writer gives a brief sketch of the history of physiology, the doctrines of the conservation of force, the origin and evolution of life, protoplasm, and the properties of bone, muscle, nerve and blood. Necessarily, in such a survey, much must be stated incompletely, much must be taken for granted, the connection of many associated researches left vague and ill-defined. Yet, as the author informs us in the title and preface that these lectures are preliminary only, and adapted to "the reach and comprehension of the first course student," it would be unfair to condemn. In fact, as popular presentations of physiological themes, the lectures are good, in some parts uncommonly good. The statements are lucid and the style entertaining.

Nevertheless, we confess to a doubt as to whether it was worth while to put in such a permanent form as a book such confessedly elementary instructions. We must acknowledge that, having long been familiar with the author's ability in certain fields of research, we were disappointed that he did not give us his best rather than his easiest. He can do so much better work than is here exhibited, that the present example does not do him justice.

An Introduction to Morbid Anatomy. By T. Henry Green, M.D., London. Third American from the fourth Enlarged English Edition. With 132 illustrations. Philadelphia, Henry C. Lea. 1878, pp. 329.

The treatise of Dr. Green is compact, clearly expressed, up to the times, and popular as a text book, both in England and America. The cuts are sufficiently numerous, and usually well made.

In the present edition such new matter has been added as was necessary to embrace the later results in pathological research. The general plan of the work has not been altered, and the additions do not add inconveniently to its bulk. No doubt it will continue to enjoy the favor it has received at the hands of the profession.

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LATE DISCOVERIES REGARDING THE NATURE OF CONTAGION.

Recent researches into the intimate nature of contagion have led to positive results in that branch which cannot but have great influence on the medicine of the future.

The most definite of these results have been obtained in the study of diseases of the lower animals. A little more than two years ago Professor KOCH published in the *Beiträge zur Biologie und Pflanzenkunde* (1876) a study of the contagious principle of anthrax in cattle. This disease is very common in the bovine species and among sheep. It is less common in horses and swine. So fatal is it in some districts, that it forms a serious impediment to the successful prosecution of stock raising. Thus in the Scotch Highlands it is stated, on good authority, that in some years fully fifty per cent. of the total mortality among the flocks is due to the disease known as "braxy," which is but a form of anthrax. In France, under the name "charbon," and in this country as "bloody murrain" and "black quarter," anthrax is familiar to most farmers as a much dreaded and most fatal disease.

The histological investigations of Dr. KOCH led him to the discovery, in the blood of anthracose patients, of a vegetable organism of the genus *Bacillus*, to which he applied the name *Bacillus anthracis*. As is well known to microscopists, the *Bacillus* is, as its name denotes, a slender, rod-like filament, straight or disposed in angles, sometimes in a zigzag form. The most familiar representative of the genus is the *Bacillus subtilis*, which can generally be discovered in an ordinary infusion of hay, and is often found in drinking water, developed probably from the grass which has fallen into the parent streams.

Last spring Dr. KLEIN, of London, supplemented the work of Prof. KOCH by a series of most carefully carried out researches on the disease of swine which is known in Ireland as "red soldier," and which in this country is only too familiar as "the blue disease," as it is one of those often grouped under the meaningless name of "hog cholera." He found it wholly dissimilar from the anthracose diseases, in development and pathology, though resembling them in symptomatology. The blood did not reveal the *Bacillus anthracis;* but a microscopic investigation of the serous fluid found after death in the pleural and peritoneal cavities, as well as that contained in the serous membranes, disclosed innumerable individuals of another *Bacillus*, in all respects, as far as noted, resembling the *Bacillus subtilis*. The question arose, was this the *contagium vivum* of the disease?

To answer this momentous question Dr. KLEIN took an exceedingly small quantity of the diseased serum and placed it in a drop or two of aqueous humor from the eye of a rabbit, and closing it hermetically incubated it in a sand bath for twenty-four hours; at the expiration of this time, he took a like minute quantity of this product, and placing it in some more aqueous humor, repeated the process; and so on for eight times; so that unless there was actual and rapid reproduction of the supposed contagium, its dilution would have been so great that as a mere

poison it could have absolutely no effect. With this last dilution he inoculated several healthy pigs who had not been exposed to any other form of the contagion. The experiment was crucial and the result indisputable. Every one of these pigs fell sick and died, exhibiting in the period of latency the symptoms and the pathological appearances, every one of the characteristics of the disease in question, to which Dr. KLEIN has given the name of "contagious pneumo-enteritis." Certainly no experiments could be imagined more satisfactory and convincing than these.

Still more recently Professor KLEBS has tried this method of the cultivation of contagium outside the body, with the syphilitic poison, and with like brilliant results. He found that by removing a primary, indurated Hunterian chancre, and submitting it with certain precautions to a microscopic investigation, moving vegetable forms were discoverable, which, in their earlier stages were also rod-like, or similar to *Bacilli*, and later arranged themselves into globular or ovoidal masses, by numbers of simpler forms weaving themselves, as it were, into a ball. These forms he cultivated in a manner analogous to that described above, through several generations, until it was absolutely certain that no other product of the original chancre was present in the solution, beyond these self-multiplying vegetable forms.

To avoid a further possibility of error which would be present if the inoculation were performed on a member of the human species, he chose as his subjects monkeys, both male and female. The result was as striking as in Dr. KLEIN'S experiments. These animals, after the usual period of latency, to wit, six weeks, were attacked with unmistakable secondary syphilis, followed by the usual tertiary forms of osseous degeneration, etc. Very careful autopsies of the animals revealed nearly all the syphilitic changes in the hard and soft parts which the disease produces when unchecked in the human race. The well defined and easily recognizable organisms which these experiments prove to be the contagium vivum of syphilis, Prof. KLEBS calls by the provisional name *helico-monads*.

All must agree that these discoveries, which thus define so clearly the contagious principles of three most terrible scourges of three different species of animals, are among the most momentous of this decade. The ground thus cleared, with a positive knowledge of what it is we have to fight against, the next step—the grand one, of the discovery of an agent which will render the animal economy an inapt soil for the growth of these vegetable organisms—is neither an impossible one, nor, we have faith to believe, is it very remote.

NOTES AND COMMENTS.

Bills Presented, and a Few Words About Them.

Inclosed in this number of the REPORTER we forward bills for the current year, to all our subscribers from whom we have not heard; and we respectfully ask that in all instances those who receive them will give them early attention, by remitting us the amount in the usual way.

Should, in any case, the subscriber think the bill is incorrect, it will give us the greatest pleasure to forward a detailed statement and make any corrections which the facts require. We try to exercise the utmost care in these matters, but the most accurate are occasionally at fault.

We are well aware that in some instances payments can be made more conveniently later in the season. In such cases, we urgently request subscribers to write us to that effect, stating in what month they will respond, so that we can make a note of it, and not annoy them with inquiries. A few minutes of time and the use of a postal card are all that are needed in any case to prevent the unpleasant emotions which attend not only the receipt but also the presentation of a "dun."

Resections of the Knee.

Dr. Servais, of Antwerp, in a monograph recently published, entitled "Conservative Surgery," a notice of which is translated by Dr. Prægler, of this city, gives a new method of procedure in resections of the knee, and states the results of ten consecutive operations, of which three were complete resections of the knee. The patients are in good health, and can walk from morning until night. Of two cases of resection of the superior extremity of the femur, the one patient has a shortening of 14 c., the other of 8 c. They both walk easily without support. Of three cases of

complete resection of the elbow, the patients enjoy all the functions of the removed articulation; one case of resection of the scaphoid and the three cuneiforms; amputation upon malleoli and cured. In one case of resection of the inferior extremity of the fibula, the patient walks well and health excellent. These patients' ages varied from 12 to 40 years, and some were of a strumous constitution. Total: 10 successes, and not a single fatal case. Dr. Servais furthermore states that all these patients were treated at their residences, and that he used the carbolic acid dressing, and prescribed them all a tonic regimen, and allowed them to drink beer and wine with discretion. The pharmaceutic agent used was quinine in the form of tincture, in addition to plenty of wine. He advocates the following method of operating at the knee: Instead of removing the extremities of the femur and tibia by a horizontal section, he practices an oblique section, from above, down, back to front, and from without, within. The height at which the section is to be made will be indicated by the extension of the bony lesions. This he declares will prevent the powerful contractions of the quadriceps crural from drawing the femur outward, forward, and upward. He dispenses with the osseous sutures, but firmly supports the bones against each other, which gives rise to an overlapping, favorable to the formation of solid callus. He mentioned also that W. H. Pancoast, one of the most skillful surgeons of Philadelphia, stated that in simple fractures of the tibia, where the fibula remained intact, great difficulties would be experienced as to its consolidation. If in such a case, Dr. S. says, we fracture the fibula, henceforth nothing would prevent its consolidation, consequently the overlapping of the fragments is thus a favorable condition in the cure of synostosis.

The Laws of Therapeutics.

Dr. Joseph Kidd, of London, the medical attendant on Disraeli, and a physician of the largest and most fashionable London practice (as his reported professional income of £100 per day testifies) has recently come before the public as an author, we believe, for the first time. He was, at the time he went to Berlin, reported by various American newspapers to be a homœopathist, but in this book, which deals with the laws of therapeutics, he scouts the doctrine of potencies and infinitesimals. He very properly avoids any comprehensive and final assertion as to the universality of any law; and, indeed, he finds that the Hahnemannic and the Galenic laws, diametrically opposed as they are, are both laws of nature, as much one as the other. Nor does he even give any exact indication as to when similars or when contraries should be adopted. But what he aims to show is mainly that while a "contrary" remedy may *relieve*, it is usually left for a "similar" remedy to cure. This is illustrated by some remarkable cures of lithic acid gravel by small doses of nitric acid. Sir Henry Thompson has shown that while alkaline treatment will no doubt counteract the effects of uric acid, it will not check its formation. Dr. Kidd's contention is that, in such cases, as a rule, the treatment by acids in small doses follows the more generally valid law of cure. This principle is exemplified with respect to many other diseases, and the argument is supported by a large number of cases drawn from the author's own practice.

It is thus seen that this writer stands exactly where old Michael Albertus, and for that matter all enlightened modern physicians have stood (See REPORTER, vol. xxix, p. 345). Fettered by no exclusive dogma, tied to no limited induction, every clear-minded medical observer will practice by similars or contraries, by both or by neither, as his own studies and experiences suggest to him is most appropriate to the particular disease and the particular case he has before him. Often he will trust to an intelligently supervised expectant method alone; and often again he will be guided by the result of a well established empiric method, which has no visible connection whatever, either with the doctrine of contraries or of similars. This is the only true therapeutical method.

Health Resorts in Egypt.

In a paper before the German Association, at its last meeting at Cassel, Dr. Mook, who had spent three years in Cairo, gave his opinions about the suitability of that ancient territory as a resort for invalids. Cairo itself he condemned wholly. Infectious diseases are always prevalent; the sewerage is wretched, and winter and summer are alike trying to an enfeebled constitution. Luxor, where Cook's Hotel is situated, is much better, but fogs are common, and in winter the mercury often sinks to the freezing point. In conclusion, Dr. Mook thinks that a winter on the Nile should not be recommended to an invalid. The cost is great, conveniences scarce, the climate changeable. As a summer residence, Egypt has advantages in its steady, high temperature for sufferers from chronic rheumatism, chronic pleurisy, and syphilitics.

Trichina in American Pork.

Our German exchanges note another scare about American pork in Germany. In Heilbron the authorities made a seizure of 1250 hams and 300 sides of bacon, recently consigned there from an American house, and which had escaped official inspection. They found 8 per cent. of the whole crammed with the capsules of the trichina (*sehr stark mit Trichinen besetzt*). Of course, it led to a strong prejudice against the whole lot, and a general avoidance of American pork. It would be very much to the interest of the pork producing parts of this country for Congress to appoint experts to make a thorough study of the prevalence and prevention of trichinosis. In this connection we call attention to the alleged curative power of ergot in the disease, which we mentioned once before in the REPORTER.

Curare in Epilepsy.

Dr. C. F. Kunze, of Halle, advocates the use of curare in epilepsy. He says he has tried the bromides enough: they only check the attacks for a few months, when they return more severe, than ever. Curare he has tried in eighty cases, of which he believes six have been radically cured. He uses the curare thus:

℞.	Curaræ,	0.3
	Aquæ destil,	5.0
	Mucilaginis,	gtt. 1–2

For six or eight injections, one every five days. The treatment is then stopped until the fits recur, when it is recommenced.

CORRESPONDENCE.

The Management of Puerperal Convulsions.

ED. MED. AND SURG. REPORTER:—

In the MEDICAL AND SURGICAL REPORTER of the 11th inst. is an article under the caption, "Remarks on a Case of Puerperal Convulsions," by J. A. Rawls, M.D., which he closes by saying, "Now was the course pursued the best, under the circumstances above detailed? Editor please answer." I was formerly, for several years, a reader of the REPORTER, but, as now remembered, never wrote a line for your columns, and as you have not answered Dr. Rawls, I will endeavor to answer him for you, provided always, that the answer shall be considered mine and not yours.

It is to be regretted that the Doctor's report of the case is not more full, as while it is not necessary always that a report should be elaborate, yet the salient points should be made apparent. The personnel of the patient, the character of the pulse, the temperature, the breathing, the condition of the pupils of the eyes, whether urine in any quantity was present in the bladder, and the character of the urine, were all matters to be taken into account in the case, and while he no doubt considered them, in his written showing of the case they are all wanting.

It is evident to obstetricians that perhaps a majority of cases of accouchment will terminate well and favorably with little or no attention on the part of the attending physician, or even in his absence; yet there is a percentage of the cases that require the best skill and most profound knowledge of our profession; and fortunately or unfortunately we never know in advance what a given case will be, therefore we should always go prepared for the worst, and to go otherwise is a sin of omission, at least. Hence the Doctor was wrong in going eight miles into the country without being fully prepared for any possible emergency that he might have to meet.

He was certainly right, in the absence of his forceps, or possibly preferable to the use of forceps, in turning and delivering by the feet, because prompt and early delivery by any safe means is the *sine qua non* in all such cases. The administration of chloroform was of doubtful utility, to say the least, while it probably provoked or added to the lesion that eventually resulted in death, and while the use of bromide of potassium may have acted favorably, it is not to be wholly relied on.

The Doctor was probably wrong in chief, inasmuch as he failed to bleed his patient, as no single remedy within the range of the whole materia medica is so potent for good in this dread disease as the free use of the lancet, and its avoidance, and the attempt to supersede it by the use of chloroform and its kindred remedies, has brought to us only empty honors.

The very fact that the patient had a respite from the convulsions, of two hours, after the uterus was emptied, with the consequent loss of blood, was a strong argument in favor of depletion, and the fact that death occurred so soon was no argument against it, particularly when the convulsions recurred, and to all appearances were the cause of death.

But still no one can speak authoritatively of a case that he did not see; the doctor present alone knows or can know all the facts and features in a given case, and of all men, he alone can intelligently answer the question, "was the course pursued the best?" when he studies other cases, with their treatment, and in after years makes up a digest of them all. In this we are aided much by mutual criticisms, and to this end only is this written. ANDREW J. SCOTT, A.M., M.D.

Loudonville, O., Jan. 15th, 1879.

The Treatment of Lupus.

ED. MED. AND SURG. REPORTER:—

Seeing an article in your Journal of January 11th, on the surgical treatment of lupus, which appears to me to be very tedious and painful, I am induced to report the following case which has recently come under my care:—

John C., aged about forty, some two years ago had what he thought a wart upon the pinna of the ear. This wart proving troublesome he was in the habit of picking at it, until it became an ulcer: he then applied many home-made salves, but

failing to heal the sore, applied to me for treatment. I was satisfied that I had a case of lupus to contend with, and told him it would be necessary to burn it; this he would not agree to until I had given him several ointments, such as carbolic, ung. hydg., ammonia, etc., to try and heal it. These having failed, as I anticipated, he consented to submit to any treatment I might deem advisable. The ulcer now extended over the greater portion of the upper part of the ear and the adjacent part of the head. On the 20th Oct., 1878, I applied a paste made of chloride zinc one part, and flour three parts, as advised by Erichsen, and sent him home, some five miles, with some morphia powders to take during the night, to relieve pain. On the morning of the 21st I visited him. He had not taken the morphia, saying the pain was not so severe as to require it. The whole of the ear and surrounding parts were much swollen and inflamed. Ordered flaxseed poultice; the swelling and inflammation gradually subsided, and on the 26th the whole of the slough or eschar caused by the paste had come away, leaving a healthy granulating surface. I now ordered the application of the following ointment: ungt. hydrarg, nit., ℥j, cosmoline, ℥j, recommended by Dr. G. MacConnell, MEDICAL AND SURGICAL REPORTER, Sept. 21st, 1878. The sore healed rapidly, and in ten days from application of zinc paste the man was at work.

If your readers will refer to the article on Surgical Treatment of Lupus, published in your Journal January 11th, 1879, and compare the treatment there recommended with the zinc paste, I do not think they will ever resort to the knife, needle, or scraper.

The main points of interest in my case are, 1st, the slight amount of pain, the patient walking five miles after application of the paste, and not taking the morphia with which he had been supplied, at any time during treatment, though the paste was kept on some twelve hours, and set up considerable inflammation. 2d, the short time required to effect a radical cure of a lupus of two years' standing. The object in treatment is to stimulate the vessels supplying the part, so as to substitute active healthy action for the sluggish, indolent condition always found in lupus, therefore your paste should be sufficiently strong and applied long enough to set up considerable inflammation, and to penetrate through the diseased to the healthy tissues, so that when your eschar comes off it may take the whole of the diseased part with it, otherwise you may have to make more than one application.

WM. F. ALEXANDER, M.D.

Duffield's, W. Virginia, Jan. 13, 1879.

The Prevention of Consumption.

ED. MED. AND SURG. REPORTER:—

Two years ago, in an article to your Journal, I called attention to the advantages that I had found by the employment of gallic acid in the treatment of consumption. Since that time I have continued its use with good results; indeed, it has furnished relief when other remedies had failed. The ravages by this one disease are alarming, and every means that will furnish relief should be employed. By the adoption of the astringent course of treatment much can be accomplished, especially in the earlier stages or in those cases that are predisposed to it, thus enabling the tissues to resist the development of these deposits. The reason I offer these suggestions is, that in my practice, and from information obtained from tanners, I have been unable to find a single case where a person employed about the vats in these manufactories has ever suffered or died from the effects of this disease, and they are greatly exposed, as the place is always damp. I have found persons who had suffered in the earlier stages of this affection, and who engaged in this business for the purpose of improving their health, and who obtained the desired results; they all lived to an old age. The reason for this is due, I think, to the inhalation from these vats, which contains the astringents used in the preparation of the leather. Now as these persons escape the ravages of this disease by these means, is it not natural for us to administer these astringents, as a means of prevention, to others who are not so employed? and I ask that the members of the medical profession will give this subject a consideration.

W. H. HUTT, M.D.

324 *Federal street, Philadelphia.*

Remarks on the Rubber Ball Pessary.

ED. MED. AND SURG. REPORTER:—

I do not claim attention to the Ball Pessary because it is a new thing, but because it is a good thing too little used.

Every gynecologist has cases of prolapsus uteri which defy the ring or Hodge pessary, and do not call for the cup or stem supporters. Either the uterus is too heavy and sensitive for a single circle of support, or the enlarged and hyperæmic neck sags hopelessly through the support.

Especially in the latter case will the ball be of value. The constant, pliant, coaxing, even pressure on the hypertrophied neck, is one of the best means for atrophy, if I may be allowed the perversion of the word, the ball taking advantage of every yielding of tissue to gain ground and keep it. Not only will the neck shorten, not flatten, but the whole body will slowly rise, the more the longer the ball is retained, instead of sagging, as in the protracted use of other supports I know.

Old cases of prolapsus with hypertrophy, and supposed contraction of ligaments, yield to the ball after the failure of the best pessaries.

In some cases its use sets up a profuse serous or sanguineous discharge from the uterus which, if the ball be retained meanwhile and during the succeeding menstrual period, will reduce the organ to normal size in half the time it can be done by medicated suppositories.

Choose a simple rubber ball, such as children play with, of black or white rubber; the flexibility and diameter to suit the case. After a few days' retention, a larger size can frequently be employed.

Expel the air from the ball with thumb and finger of left hand, fold the ball with same of right hand, smear with cosmoline, keep its operculum in plane of osteum vaginæ; have patient in knee-elbow position, vagina well opened; insert

folded ball, allow it gradually to fill with air. The disagreeable pressure on neck of bladder and rectum soon lessens and disappears as the ball works up.

Medicated enemeta may be used while the ball is in situ, if the syringe tube is carefully managed. Astringent suppositories should supplement the effect of the ball on its removal, which the patient can sometimes accomplish by straining at stool, or the physician by refolding the ball in situ, a difficult matter I must acknowledge, and withdrawing it as inserted, only having the patient on the back or side. A. A. G.

Elmira, N. Y. Aug. 7th, 1878.

Cysto-Sarcoma (?) of Ovary.

Ed. Med. and Surg. Reporter:—

Mrs. Josephine J., thirty years of age, married, was by me delivered of her second child, a male, on May 28th, 1874, after a labor of eighteen hours, which was followed the day succeeding by a very severe general peritonitis, lasting about ten days. A period of three years elapsed, during which I saw little of her; when, in May, 1877, she had what appeared to the practitioner who attended her a miscarriage—there being pain, hemorrhage and reduction of abdominal development, though I think no fœtus was found. Soon after the abdomen again commenced to enlarge; and a rumor of extra-uterine pregnacy prevailed. On taking charge of her case, on January 1st, 1878, the following history was obtained: She felt a "burning pain" in the right iliac region soon after her miscarriage; the abdomen then commenced to enlarge, until it is now painfully distended; the catamenia are regular, the urine scanty, the appetite diminished, and the powers of life deteriorated. The abdominal distention presents prominently in front, and does not flatten out when the patient lies upon the back. Palpation gives unequivocal evidence of a large collection of fluid. For the relief of urgent symptoms, I performed paracentesis abdominis, January 8th, removing several gallons of chocolate-colored liquid, a portion of which, on being heated, proved to be almost wholly composed of albumen. The operation was repeated July 26th, September 5th, October 2d, and October 28th, the sufferer dying of exhaustion on November 6th.

The autopsy showed entire absence of cyst, and complete destruction of abdominal peritoneum, its site being strewed with nodules, one of which, the size of a native walnut, was attached by a short, slender pedicle. There was a large quantity of fluid, with a copious sediment of broken-down, flocculent material, the removal of which disclosed a tumor occupying the entire pelvic cavity, which, from its color, consistence and rounded exterior, resembled the brain. Its appearance, and the history of the case, led me to conclude that it was a cysto-sarcoma of the right ovary. E. T. Blackwell, M.D.

Hackettstown, N. J.

—In a village with a population of not over 200, in Crawford county, seventeen children died in one week, with diphtheria.

News and Miscellany.

Philadelphia County Medical Society.

The annual meeting of this Society was held Jan. 22d, at the Hall of the College of Physicians. The following were elected as officers for 1879: President, Henry H. Smith, M.D.; Vice-Presidents, John H. Packard, M.D., Robert Burns, M.D.; Treasurer, Wm. M. Welch, M.D.; Corresponding Secretary, Wm. Goodell, M.D.; Recording Secretary, Chas. B. Nancrede, M.D.; Assistant Recording Secretary, Joseph D. Nash, M.D.; Reporting Secretary, Frank Woodbury, M.D.; Librarian, M. O'Hara, M.D.; Censor, M. St. Clair Ash, M.D.

Delegates were also chosen to represent the Society at the next meeting of the Pennsylvania State Medical Society and of the American Medical Association. This is the third election of Professor Henry H. Smith to the position of presiding officer of the Society. Dr. Smith, upon taking his seat, made a brief address, in which he thanked the society for this evidence of their continued confidence. During the last year the number of members has been steadily increasing, and now numbers over 260.

A mutual aid association has been formed, which promises to be useful in looking after the widows and orphans of deceased members. The library, which was originated during the year, has now a considerable number of valuable volumes. The work of the Society has been steadily carried on; scientific papers being read on the second and fourth Wednesday of every month, excepting July and August.

A conversational meeting was held later in the evening, at which a large number of physicians were present.

Dr. M. O'Hara read a description of a "Case of Penetrating Wound of the Spinal Marrow," the patient being presented to the Society for examination.

Dr. Chas. D. Mills also read a paper on "The Localization of Diseases of the Brain," with the records of several cases, which elicited some general discussion.

The Secretary announced the death of Prof. John B. Biddle, M.D., a member of the Society. The President appointed Prof. Ellerslie Wallace, M.D., to prepare an obituary notice of Dr. Biddle to be sent to the Society of the State of Pennsylvania.

Value of a "Mad Stone."

The Waco, (Texas) *Examiner*, of recent date, contains this item: Dr. B. F. Graves, the druggist, yesterday paid Mr. Weir, of Brown county, the round sum of two hundred and fifty dollars for a stone—reputed to be a veritable mad stone. Mr. Weir, we are told, found the stone in the stomach of a deer, in Arizona county, several years ago, and we are further informed that it never fails to extract the poison of mad dogs, snakes, tarantulas, and other venomous reptiles, insects and animals. The Doctor will keep the stone at his store, for the benefit of any one who may wish to test its virtues.

Obituary Notices.

—Dr. Jacob Bigelow died at his residence in Boston, on January 10th, at the age of ninety-one years. He was the oldest member of the Massachusetts Medical Society, and one of a group of prominent men whose lives are intimately connected with the early history of medicine in this country. Born but a few years after the Revolution, and graduated at Harvard in the class of 1806, his literary career began as early as 1814, with a work on botany, entitled *Florula Bostoniensis*, which to this day is the most complete work of its kind, and the standard authority. He was already a professor in 1815, and a few years later his beautiful plates of American Medical Botany made their appearance. His early lectures on the application of science to the useful arts gave a bent to his tastes and views, which ultimately terminated in his participation in the inauguration of the Institute of Technology.

—Dr. W. T. Nealis, who was for a number of years physician in the New York City Prison, died at his home, in that city, last week. Dr. Nealis was for four years Surgeon of Corcoran's Irish Legion.

Sanitary Protection Associations.

An association of the above character has been organized at Newport, R. I., of which Dr. Horatio R. Storer is one of the leading spirits. It is of such an enlightened and valuable character that it deserves general imitation. Its objects are, briefly—

1st. To provide its members, at moderate cost, with such advice and supervision as shall insure the proper sanitary condition of their own dwellings.

2d. To enable members to procure practical advice, on moderate terms, as to the best means of remedying defects in houses of the poorer class, in which they may be interested.

3d. To aid in improving the sanitary condition of the city.

A pamphlet containing the details of the organization can be had by addressing the Corresponding Secretary, Dr. H. R. Storer, at Newport.

The Plague in Europe.

Vienna, Jan. 22.—Preliminary conferences in regard to the plague have commenced between the German Privy Councillor, Finkelnburg, and the members of the Austrian Sanitary Board.

The establishment of a rigorous sanitary cordon, with the co-operation of Roumania, from Memel to Sulina, is suggested.

Astrachan and vicinity have been severely attacked with the disease in a malignant form.

Consumption of Alcoholics.

On the authority of Mr. Nimmo, of the American Bureau of Statistics, the people of the United States consume liquor costing them (at retail price,) $595,784,784 a year, whisky and such like spirits and wine being estimated at $6 a gallon, brandy at $10, and ale, beer, etc., at $20 a barrel; while the English excise returns show a consumption of liquor of the value of $710,041,155. Taking American quantities at English prices, Mr. Saunders of London declares that if the Englishmen only drank as much as Americans they would expend annually only $340,000,000.

Vital Statistics of London.

During the fifty-two weeks of 1878, 83,695 deaths were registered in London, of which 14,734, or 18 per cent., were referred to the seven principal zymotic diseases; the death-rate from all causes was equal to 23.5, and from the seven principal zymotic diseases to 4.1 per 1000 of the population, against 21.9 and 3.5 respectively in 1877.

Items.

—In the case of Aiken *vs.* The Illinois State Board of Health, the appellate court has just rendered a decision sustaining the ruling of the lower court, and thus further confirming the board in its right under the law, for unprofessional conduct, to deprive a practitioner of his license to practice.

MARRIAGES.

Barton—Church.—At the residence of Mr. Horace Church, in Pomeroy, Meigs Co., O., January 12th, 1879, by Rev. W. J. Griffith, Mr. Thomas H. Barton, M.D., of Syracuse, O., and Amanda Church, of Pomeroy, O.

Gilfillen—Campbell.—At Carlisle, Brown county, O., January 2d, 1879, by Rev. J. H. De Bruin, A Gilfillen, M.D., and Miss Ascenith A. Campbell.

Post—M'Conaughy.—By Rev. John McMillan, D. D., in the Reunion Presbyterian Church, Mt. Pleasant, Pa., on the 1st of January, 1879, Judge George W. Post, of York, Nebraska, and Miss Laura, daughter of Dr. James M'Conaughy, of Mt. Pleasant.

DEATHS.

Altrocchi.—At Stamford, Conn., on Thursday, the 9th inst., of pneumonia, Annie Gertrude, wife of Nicola Altrocchi, and daughter of Dr. H. M. and Ann Olivia Humphrey, aged 28 years.

Baylor.—In Denver, Colorado, on January 13th, 1879, Dr. John C. Baylor, of Norfolk, Va.

Dow.—At Hillsdale, Columbia county, N. Y., on January 14th, 1879, Joseph P. Dow, M.D., aged 73 years.

Harding.—Suddenly, at the residence of his father, Dr. M. H. Harding, Sr., Laurenceburg, Ind., on the morning of the 12th inst., of diphtheria, after two days' illness, M. H. Harding, Jr., M.D, aged 24 years, graduate of the Ohio Medical College, 1878, and just entering upon the practice of his profession.

Laughlin.—At his residence, in Bloomington McLean county, Ill., December 6th, 1878, of neuralgia of the heart, Dr. R. G. Laughlin, in the 51st year of his age.

L'Hommedieu.—At the Fifth-Avenue Hotel, N. Y., of pneumonia, after six days' illness, Mrs. Emmeline L'Hommedieu, wife of Dr. Samuel L'Hommedieu.

Mixsell.—At Mamaroneck, N. Y., January 13th, Worden Jackson, only son of Dr. A. J. and Lou Mixsell, aged 2 years, 5 months and 15 days.

Peterson.—On November 19th, 1878, of phthisis, Dr. J. J. Peterson.

Ranney.—Henry D. Ranney, M.D., of New York city, on the 11th inst., aged 61 years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lectures on Experimental Physiology.

Delivered in the Physiological Laboratory of the University of Pennsylvania,

BY ROBERT MEADE SMITH, M.D.,

Demonstrator of Experimental Physiology in the University of Pennsylvania.

Reported expressly for the Medical and Surgical Reporter.

Lecture II—Physiology of the Salivary Secretions.

(*Continued from Vol.* xxxix, *p.* 534.)

We will take up to-day, gentlemen, the study of the special physiology of the individual salivary secretions, commencing with that of the parotid gland.

The human parotid saliva can readily be obtained in a state of purity by catheterizing Steno's duct. This can be accomplished in the following manner: the experimenter sits opposite a mirror, with the mouth open and brilliantly illuminated. If now an angle of the mouth be drawn outward and forward, so as to stretch the cheek, the papilla which marks the entrance of Steno's duct into the mouth will be seen opposite the second molar tooth of the upper jaw. With a little practice a small canula can be readily inserted into the duct, the opening of which is marked by a little dot, and held in position to catch the saliva, which will then flow along the tube, if its flow be stimulated by the vapor of ether, pyrethrum root, vinegar, etc. It is easier to catheterize another, but with a little practice the operation can be performed quite readily on one's self. One precaution, however, must be observed, to ensure reliability of result. Occasionally the parotid duct receives, near its entrance into the mouth, the secretions of several small muciparous glands; to avoid, therefore, the modification of the parotid saliva which would be caused by the admixture of mucus from this source, the catheter must be carried as deeply as possible, so as to pass the opening of these ducts.

My assistant, Dr. Foulkrod, has been kind enough to allow me to show you on him the steps of this little operation. The canula is inserted with the greatest ease, and without any pain or discomfort. I place a drop of vinegar on his tongue; the saliva is abundantly secreted, and flows along the tube.

Here is a specimen of human parotid saliva obtained in this manner, and you see that it differs from the mixed saliva in that it is perfectly clear, without turbidity or opalescence, and that it is much more watery. It is also alkaline. It was formerly supposed that the parotid saliva had no influence on starch; we will examine this specimen, following the process with which you are familiar. In a few moments we find evidence of sugar. Another peculiarity of the parotid saliva is, that although sulpho-cyanide of potassium has been found upon chemical analysis, there exists in the parotid saliva some other substance that masks its reaction with the perchloride of iron. In this instance the addition of a solution of the salt does not produce the beautiful red color which you saw follow the same combination when mixed saliva was substituted for the parotid.

The study of the various natural conditions which serve as stimulants to the individual salivary secretions can be best carried on in the lower animals: for this purpose we receive the

secretion before it becomes mingled with the fluids of the mouth, by means of salivary fistulæ, the operation for which I will now show you. To make a parotid fistula in a dog, the animal usually employed in these experiments, the hair is first shaved from the cheek between the eye and the angle of the mouth. On running the finger along the lower border of the zygomatic arch, just before it is inserted into the superior maxilla, a slight notch is felt; it is just at this point that the duct passes into the mouth. After chloroforming the animal, I will make an incision through the skin over this point, cutting obliquely in a direction from the inner canthus of the eye to the angle of the mouth, passing through the subcutaneous cellular tissue, when the facial artery and vein, branches of the facial nerve and the parotid duct are found all together; the duct, pearly white in hue, passing horizontally across the fibres of the masseter muscle, parallel to the nerve, but usually about a quarter of an inch below it, while the artery and vein run from above downward. The vessels and nerve must be carefully removed from before the duct, which is to be isolated and closed as near the mouth as possible with a clip. A canula can then be inserted into the duct. If it is desired to retain the fistula permanently, the duct must be freed from the connective tissue for as long a distance as possible, divided, and one end brought out at an angle of the wound, which is to be closed with sutures, one passing through the duct to retain it in position. After a few days, when the wound is healing, the duct will mortify and drop out, leaving a fistulous track to the gland, which must be kept open by the daily passage of a fine probe, as it has a decided tendency to close. In this other dog, which I now show you, I made a parotid fistula in the manner just described, as well as a sub-maxillary and sub-lingual fistula, several weeks ago, and you see the animal is in very good health and spirits, while the wounds have all closed, with the exception of the ducts, which remain fistulous, the surrounding parts appearing perfectly normal. It is much better to experiment on dogs which have not been lately operated on, as in them there is no danger of the effects of the operation modifying the results of our investigations.

Sub-maxillary and sub-lingual fistulæ are made in the following manner. The same animal being chloroformed, and the hair shaved from the under surface of the lower jaw, an incision is made along the inner border of the ramus of the lower jaw, from the anterior insertion of the digastric muscle, forward, for about two inches, dividing the skin and platysma, every vein that comes into view being secured with two ligatures, and divided between them. The mylo-hyoid muscle is now in view, and is to be very cautiously divided at its middle, avoiding the mylo-hyoid nerve, which you see lies upon it. Underneath this muscle will be found the sub-maxillary and sub-lingual ducts, running forward side by side, near to the ramus of the jaw, to enter the mouth: the sub-maxillary duct being somewhat the largest and lying nearest the jaw. The ducts can now be isolated and divided, and treated as you have just seen me do in making a permanent parotid fistula. When, however, as in this case, it is desired to make both fistulæ in the same animal, the two fistulæ should be on opposite sides of the mouth.

Let us now study the effect of different stimuli on the secretion of these glands, in the manner proposed by Schiff, using the dog which bears the three fistulæ, and isolating as much as practicable the action of the different agents.

The channels through which these glands may be excited are four in number; 1st, through mental impression, as sight or smell; 2d, by mastication alone; 3d, through taste alone, and 4th, through the influence of taste combined with movements of mastication.

You observe now, gentlemen, that the orifices of these glands are almost completely dry, and that pressure along the course of the ducts brings out only a single drop from the parotid duct. I will wipe it away with a sponge, and dry completely each of the other orifices.

While the dog, which has fasted since yesterday, is held, I hold before him, at some distance, a bone; he shows signs of impatience, but there is no flow of saliva from the parotid, or sub-maxillary or sub-lingual, at least, none that we can appreciate. I now approach the bone to the dog's nose, holding his jaws so that no movement of mastication can be made, and there is still no secretion, a result which you know is contrary to the instances in man, in whom the mouth waters at sight and odor of savory food. But, however, we have seen in the dog, in whom perhaps it is hardly fair to study mental processes, that sight and smell have no effect on the secretion of saliva.

I open now the mouth of the animal, and place transversely across his jaws a light splinter of wood, taking care not to put it so far back as to press on the salivary papillæ, and on approaching the bone to the animal's nose, the splinter is broken into fragments by the movements of his jaws in the attempt to get at the bone. We have

here, then, produced motions of mastication without any influence on the sense of taste; there appears a single drop of saliva at the orifice of the parotid duct, and, if anything, a little larger drop at that of the sub-maxillary, while none is seen at the sub-lingual. We have here a departure from the strict line of function drawn by Bernard. He taught, and has been followed almost universally and unquestioned, that the parotid secretion was concerned in mastication alone, and was secreted only by movements of mastication; we have already seen that it is not the parotid alone which is influenced by these movements, but that the sub-maxillary is also affected, though both glands are but *slightly* stimulated. Let us now see what is the result of isolated excitations of taste.

While holding his lower jaw, so as to prevent all movements of mastication, I place on the tip of his tongue, by means of a glass rod, a few drops of strong vinegar, when almost immediately a drop of fluid appears, not only at the orifice of the parotid duct, but also at that of the sub-maxillary; it is succeeded by another, and again another in rapid succession, quite a stream of saliva running across the animal's jaws. A few drops of a strong decoction of colocynth applied to the base of the tongue, is followed by a decided flow of saliva from both glands, while, as far as we can judge, the sub-lingual is entirely inactive. We have seen, then, that the sense of taste alone is capable of exciting the secretions of the parotid and sub-maxillary glands in about equal degrees.

I will now give the bone to the animal, and you see he masticates it with avidity, in spite of the elevated position in which I hold his head. And now the secretion from both glands is very marked, running down his neck on to the table, a decidedly more profuse secretion than we saw at any time before. There is also a very viscid drop of saliva at the orifice of the sub-lingual duct.

You have now seen that the secretion of each of the salivary glands receives the most efficient stimulus when movements of mastication are combined with the appreciation of a "taste." These results show, as was first pointed out by Schiff, that the line of demarcation drawn by Bernard between the functions of these glands cannot be strictly adhered to. The parotid, as I have told you, was supposed to be only concerned with the mastication of food, and attains its highest development in the animals which have to grind their food; the sub-maxillary was supposed to be only concerned in the appreciation of taste, and in comparative anatomy it disappears entirely when there is no need of this sense, as in gramnivorous birds, while it attains its greatest development in the carnivora. Finally, the sub-lingual secretion was held only to be secreted for the purposes of deglutition. Although there is doubtless considerable force in these statements, I have shown you that the isolation of their rôle has been exaggerated.

While on this subject, let me show you another experiment in reference to the secretion of the parotid saliva. I will give him one end of this hard bone to chew, retaining my hold of the other end, and change it from one side of his mouth to the other; you see that the flow of parotid saliva attains its maximum when the masticating movements are made on the side of the fistula, though that of the sub-maxillary does not appear to be altered. This peculiarity has not been sustained in man in those instances in which parotid fistulæ have permitted a study of the salivary secretion.

Dalton, however, states that by catheterizing the parotid duct in man he was able to notice the same relation between the secretion of saliva and the direction of mastication. The parotid saliva of the dog does not act on starch.

In the rabbit the small size of the parotid duct prevents the insertion of a canula, but the secretion can be studied by cutting the duct across. In the rabbit the duct has the same anatomical relations as in the dog. It crosses the masseter muscle at about its middle, accompanied by branches of the facial nerve, and parallel with the transverse facial artery. At the anterior margin of the masseter it dips toward the median line, to enter the mouth. I have here a large rabbit fastened on Czermak's holder and chloroformed. After clipping off the fur from its cheek I make a vertical incision in the line of the cornea, through the skin and connective tissue down to the masseter muscle, thus dividing the duct as well as the facial nerves and blood vessels. When the bleeding stops we can examine the secretion of saliva. Since we are unable to collect the secretion, probably the best way of rendering the secretion visible is to put over the end of the duct a small piece of bibulous paper colored red with litmus. As each drop of saliva escapes from the divided end of the duct, it is absorbed by the paper, and by its alkalinity produces a blue spot, the size of which varies with the rapidity of secretion. The animal has now come up from the chloroform, so we can study the various stimuli. A drop of acetic acid applied by means of a glass rod to the tip of the

tongue causes the appearence of quite a large drop of saliva; an alkali produces a smaller drop, while electrical stimulation of the tongue and inside of the cheeks hardly seems to increase the flow. I will again use this same animal, in a few moments, in another connection.

The sub-maxillary saliva in man may be obtained in a state of purity, either by catheterizing the duct of Wharton, a proceeding of considerable difficulty, or by withdrawing it by means of a syringe which fits accurately the papilla by means of a small funnel-shaped nozzle. When it is desired to catheterize the sub-maxillary duct the experimenter places himself in front of a mirror, with the mouth brilliantly illuminated and the tongue turned up against the roof of the mouth. The two papillæ which mark the entrance of Wharton's duct will then be seen, one on each side of the frænum linguæ, the orifice of the duct being marked by a little dot upon their upper surface; if now the flow of saliva be stimulated a canula may be inserted into the duct, but you observe, less readily than in the case of the parotid. This other specimen has been drawn off by means of a glass syringe. It is clear, more viscid than that of the parotid gland, and also alkaline. Its viscidity is, however, subject to variations; when an acid stimulant is employed, a more fluid secretion is poured out than when a mechanical irritant is substituted.

In man it also has the power of converting starch into sugar (experiment). In the dog this power is less than that of the mixed saliva, while it is entirely absent in that of the cat; in fact, in all carnivora the diastatic action of saliva is feebly marked.

The sub-lingual saliva has never been isolated in man, while in dogs it is doubtful whether the small glandular lobe which Bernard termed the sub-lingual is really a distinct, separate gland, or a lobe of the sub-maxillary; it is true that it has a separate duct and furnishes a more viscid saliva.

Before passing on to the study of the nervous system, I will take the opportunity of showing you an example of the elective excretory functions of glands. Among the various substances which can be introduced into the blood, some, as for example iodine, appear almost instantly in the saliva, while others, such as iron, do not enter it without the greatest difficulty. After chloroforming the rabbit, fastened on the Czermak's holder, in which you have seen me divide the parotid duct, I will expose the femoral vein and inject into it 1 cc. of a saturated solution of the iodide of potash, together with an equal amount of a 1 per cent. solution of the ferro-cyanide of potassium. The bleeding which resulted from the operation on the parotid duct has now ceased, and you see that acetic acid applied to the tongue causes the appearance of a drop of saliva in the wound. Now how can we recognize the presence of either of these salts in this secretion? Let us first look for the iodide. You remember that I showed you that the saliva prevented the coloration of starch by iodine, so, evidently, here we must employ some other reagent. You also know, however, that this interference was due to the oxidation of the iodine by the saliva; so if we can overcome that result the test will succeed. I have here a piece of filter paper soaked in starch mucilage; I place it over the wound so as to come in contact with the drop of saliva, but there is no blue color found. I will let fall a drop of nitrous acid on the paper, and instantly there is a decided blue, showing the iodine has been eliminated in the saliva, probably in the form of hydriodic acid, and when deoxydized by the nitrous acid, as free iodine, colors the starch. Now let us look for the ferrocyanide. The test for its presence is its formation of Prussian blue with a persalt of iron. I will place a piece of paper moistened with a 10 per cent. solution of the perchloride of iron on the wound, but there is no coloration.

Let us now look to the urine. Urine can be readily collected from rabbits by holding them over a large beaker, compressing the abdomen with one hand, and with the thumb of the other pressing the bladder well down into the pelvis. The urine is thus forced out and may be collected. I will now test a few drops of the fluid thus obtained, with the 10 per cent. solution of the chloride of iron, and there is a dense blue formed. It, however, gives no reaction with the nitrous acid and starch mucilage. Another very pretty way of showing that the iodine has been eliminated by the salivary glands and the ferrocyanide by the kidneys, is to kill the rabbit by puncturing the medulla through the occipito-atloid membrane. I will now dissect out the parotid and sub-maxillary glands, and place them in the starch mucilage with the nitrous acid. The gland becomes bright blue. I will now remove one kidney, divide it through the hilum, and place it in a solution of the perchloride of iron, and Prussian blue is developed immediately in its gland substance, and on its surface. You have thus seen in a marked light the elective eliminative power of the salivary glands for iodine, while the kidneys excrete with especial facility the ferrocyanide of potash.

Bernard, however, who was the first to remark this fact, has shown that the salivary glands will excrete iron when combined with iodine, as the iodide of iron, and when a local plethora, so to speak, is created in the salivary glands by injecting the prussiate of potash into the carotid artery, we can then find it in the saliva. Another remarkable fact in this connection is that if a quantity of iodide of potassium be given to a dog, traces of it may be found in the saliva, sometimes for weeks; the iodide is swallowed and then excreted in the saliva, which being swallowed again gives up the iodine to be absorbed, and again excreted, and so on. Absorption by the salivary glands is also possible, and sometimes occurs with great rapidity; if a solution of iodide of potassium be injected into the parotid duct of one side, it is almost immediately eliminated by the opposite gland.

Communications.

INVERSION OF THE HUMAN BLADDER.

BY REUBEN A. VANCE, M.D.,
Of Gallipolis, Ohio.

(*Concluded from page* 94.)

The three cases following are abstracts which embody the important facts relative to the three instances of vesical inversion which Mr. Croft embodied in his paper on that subject.

Case 3.—Dr. Murphy's Case, reported in the Liverpool *Medical Gazette*, and quoted in the London *Medical Gazette*, 1833, page 525.

"Jane R., aged four years, admitted July, 9th, 1829, into the Meath Infirmary.

"Presented the following appearances on admission: A pyriform tumor, the size of a small hen's egg, depending between the upper portion of the labia pudenda, of the color of dark mahogany, the base below, apex above; the little finger in rectum communicated no motion to tumor, nor could anything unnatural be detected. On raising the tumor toward the pubis, the vagina was seen, but the meatus urinarius could not be traced. The orifices of the ureters were not discovered until a very slight traction of the tumor downward rendered the inversion complete. A small silver probe passed up each orifice, on being withdrawn, was followed by urine almost devoid of smell or color.

"*Replacement.*—The neck of the bladder was steadied by the thumb and fore-finger of the left hand, and the fundus having been pushed upward by the end of a gum-elastic catheter, its reinversion was easily effected. A catheter was retained thus for a few hours, by an assistant.

"Some tenderness of the pubic region followed, attended by vomiting; leeches, warm baths, and castor oil were prescribed. Those symptoms quickly vanished. Discharged, cured, July 17th, (eight days)."

Case 4.—Mr. Crosse's Case, reported in the *Transactions of the Provincial Medical and Surgical Association*, N. S., 1846, page 185. Mr. J. Green Crosse was Senior Surgeon to the Norfolk and Norwich Hospital.

"In the year 1829 a highly respected colleague of mine, since deceased, received under his care a healthy-looking female child, aged between two and three years, on account of a tumor about the size and shape of a walnut, projecting visibly at the external labia pudenda. It was of a florid red color, and somewhat granulated on its surface, so as to resemble a large strawberry; and the surgeon entertained a notion that it was a vascular tumor, which might be removed by ligature, on which account he requested me to inspect it. After examination, I expressed my doubts as to its being a vascular tumor, and dissuaded him from applying a ligature. Toward the posterior part of the tumor, on its sacral aspect, was an aperture conjectured to be the urethral orifice. A very small female catheter easily entered this aperture, and passed along a channel a little to the left of the median line. Urine distilled in drops from the catheter; there was no gush, although the instrument entered so far that we concluded it must have reached the bladder. Besides what oozed from the instrument—tinged with blood—there was an oozing of urine from another source, which was unexplained until a second examination, a few days afterward, on my casually coming to the patient's bedside, just as the surgeon was prepared to apply a ligature to the neck of the tumor. I now found, concealed in a fold of the tumor, near the posterior junction of the labia, two orifices, not far asunder, from which urine oozed, and which were evidently the vesical terminations of the ureters. On pressing the tumor firmly, as if to reduce it, like a hernia, I found it yield, and pass gradually behind the symphysis pubis, and within the labia; and under a continuance of the taxis it all retired, leaving the external parts in their proper shape and position. A passage remained, through which the tumor on retiring had taken its course; which was actually the dilated urethra, into which I could, and did, introduce my little finger until it fairly entered the cavity of the displaced bladder.

"*History.*—It was stated that the tumor had existed for a considerable time, and had always been attended by stillicidium urinæ; also, that it had been once replaced, but had again descended shortly before coming under my observation. During the time it was under my notice no relapse took place. After an interval of sixteen years no relapse had occurred, but she was constantly troubled by incontinence. I accomplished reduction by returning first that part of the bladder next to the urethra, and lastly the fundus."

Case 5.—Dr. Lowe's Case, reported in the *Lancet* of March 8th, 1862.

"M. A. H., aged 2½ years, fine, healthy, but very irritable child. Admitted in West Norfolk and Lynn Hospital, under Dr. John Lowe, Nov. 10, 1859. On examination a vascular looking tumor, the size of a large walnut, was found projecting through the external labia. When the little patient cried the tumor became more injected and increased considerably in size; at the same time a gush of urine took place. On closer inspection the mass was found to be seated at the orifice of the urethra. On making gentle pressure the tumor receded under the finger, and presently disappeared altogether within the urethra, and the forefinger could readily be passed into the bladder. I had, therefore, no difficulty in diagnosing an inversion of the bladder. From the statement of the mother it appeared that the child had been subject to incontinence of urine from its birth, and that from the time it was two or three days old a small substance had been observed to protrude during a fit of crying or straining. Each effort of this kind was followed by a flow of urine, and the child's condition, from this cause, was truly pitiable. The thighs and labia were excoriated, and the latter, besides being swollen and indurated, were covered with numerous pustules. Until the age of two years the tumor had receded as soon as the straining ceased, but latterly it constantly protruded, more or less. Treatment by actual cautery. She was eleven months under treatment. Result, no relapse, but some degree of incontinence.

The following interesting account of a case of vesical inversion in an adult is worthy of notice in connection with the foregoing. My abstract is from the notes made by a friend who was aware of my interest in these cases.

Case 6.—Mr. Henry Johnston's Case of Inversion of the Urinary Bladder during Pregnancy, reported in the Dublin *Hospital Gazette*, of April 16th, 1860.

"On the evening of Sunday, Aug. 8th, 1859, was called to see Mrs. M., aged 20, who was threatened with miscarriage. Found her suffering from "pains," and such an amount of tenesmus that she wanted to remain constantly on the night-chair. Was told there had been great hemorrhage, and that the "waters" had discharged yesterday; she was nine months married, and thought herself four months pregnant. There had been vesical irritability for weeks, but she did well until Friday, the 6th, when, after lifting a box, she felt great uneasiness in her back, attended with frequent and urgent desire to pass water. These symptoms grew more urgent on Saturday; she was unable to retain her urine, vomited freely, and was at ease only when on the night-chair. I there found her on my first visit: it was only after repeated urging that she went to bed. On attempting a vaginal examination, she complained bitterly of the pain, and grew so impatient that my attention was drawn to the hyperæsthetic state of the genital passages. On visual inspection I found a soft, fluctuating tumor, the size of a pear, pyriform in shape, extending as far down as the os externum of the vagina, and feeling like a bag of membranes. My finger passed from the base along the narrow, neck-like portion of the tumor into a small, narrow cavity, which I considered was the dilated os uteri; being also under the impression that the narrow, neck-like portion of the tumor was the cord attached to the ovum. I followed up this cord into a cavity which I presumed to be that of the uterus. My patient now insisted on being allowed again to remain on the night-chair, and complained of her inability to bear any further examination. Being under the impression that the uterus would expel its contents, and there being no hemorrhage, I gave some general directions and returned home. Called again the morning following (Monday) and found her in much the same state; she slept none during the night; pulse rapid and excited; vomiting attacks recurring frequently. Patient unwilling to submit to examination. Administered an anodyne and returned during the evening with a medical friend, Dr. Bryce, to whom I communicated my fears of miscarriage. Dr. Bryce examined the parts and discovered that he could pass his finger behind the tumor, into the vaginal canal, where he felt the os uteri still undilated. He was puzzled, and after suggesting that there might be a malformation, finally decided that the tumor was a vaginal vesicocele—a prolapsed bladder—and not a bag of membranes. This discovery of the vaginal canal and the os uteri cast new light on the case. I re-

examined the tumor and found that it would yield to gentle pressure, continuing which it retired upward through the cavity which I had supposed to be the os, into the cavity which I had supposed to be the uterus, but from which flowed a small quantity of urine. The true nature of the case now, for the first time, became manifest, and I saw that I had to deal with an inversion of the bladder, that the opening through which I returned the tumor was the "meatus urinarius," dilated to such a capacity as to admit two fingers. An ocular inspection of the parts confirmed my diagnosis and satisfied Dr. Bryce as to the nature of the case. Immediate and decided relief followed the reposition of the inverted bladder: the vomiting ceased; the pulse fell; our patient's expression changed; the pain in the back ceased; the urgent symptoms of vesical irritation were relieved; and sleep was speedily induced. Some hours subsequently I revisited her; there was no return of the inversion; on the contrary, the bladder contained so much urine that I passed a catheter and relieved her of a quantity of bloody urine. An anodyne was administered and perfect quiet enjoined. On Tuesday she was quite easy, although she was still voiding blood and mucus from the bladder and there was constant dribbling of urine. Under treatment these symptoms subsided, and when she passed from under my observation (December 3d, 1859) she was free from any vesical uneasiness, and was looking forward to an early confinement."

Mr. Johnson, the reporter of the following case, mentioned that the late Professor Simpson had called his attention to two cases of inversion of the bladder reported in Cruveilhier's "Pathological Anatomy." He also spoke of the case which Dr. Meigs relates in his work on "Diseases of Women." This was a case of inversion of the bladder in a little girl, three years of age, in which the nature of the "growth" was not recognized until all the preliminaries for an operation to remove the tumor had been arranged.

In glancing over the foregoing histories the attentive reader will note the complication which renders Mr. Croft's case different from the others—the rupture of the bladder. Dr. Lowe reports that when his patient cried "the tumor became more injected, and increased considerably in size." A gush of urine likewise took place at the same time. In a note to Mr. Croft Dr. Lowe says that he is sure the fluid was urinous, and that it came from the ureter. In referring to his own case Mr. Croft says: "I cannot think the fluid which I have described as escaping in little Lewis's case was ejected in a fountain from either of the ureters, 1st, because during the projection and tension of the bladder those orifices must have been tightly closed; 2d, because the spot at which the fluid leaped out bled at the time, and became clotted immediately after; 3d, the rupture was situated above and in front, whereas the orifices of the ureters must have been behind and below. Now, Dr. Lowe states in his letter that he watched "the escape from the ureters, which were distinctly visible." If it did not come from either of the ureters, whence did it escape? It could not have come from the bladder, for that was already turned inside out.

"With regard to the nature of the fluid: had it been *urinous*, I think Mr. Stewart would not have failed to find evidence of its being so, either chemically or microscopically. I thought at the time, and I see no reason to change my opinion, that the fluid was serous, and came from the peritoneal cavity. I think the bladder, in becoming inverted through the urethra and meatus, carried its partial peritoneal coat with it. That being the case, a hernia of the peritoneum was formed, a hernia through the urethra and meatus. I think this sac became constricted by the meatus, just as an inguinal hernia suffers constriction by the internal abdominal ring; the peritoneum, under these circumstances, poured out, as it would do in an inguinal hernia, serous fluid, and that fluid gradually distended the pouch. Violent expulsive efforts of the abdominal muscles at last caused the rupture which I witnessed."

Mr. Croft very truly says that the after absence of peritonitis militates but little against the occurrence of rupture of the bladder—neither does it invalidate the theory that the peritoneum had been herniated, and the fluid serous. That individuals may recover from vesical rupture, *per se*, we all know. Death, when due to this accident, is always owing to secondary implication of the peritoneal cavity, from urinary extravasation. In Mr. Croft's case the vesical wound was small, the urine flowed freely away, and there were no evidences of secondary implication of any portion of the peritoneal cavity. Under such circumstances it would be surprising had not recovery ensued with great rapidity.

If the reader will but review the history of those of the preceding cases in which the bladder was inverted in infants and children, he will find that the following are the symptoms which should lead the practitioner to diagnosticate an *inversio vesicæ*, and to distinguish such an affection from a solid polypoid growth:—

A tumor from the anterior portion of the os-

tium vaginæ situated beneath the clitoris and between the labia, which is pear-shaped, red, vascular and elastic; the urethra not apparent, but both ureters may be distinguishable, and a prolonged inspection will show that they distill urine; and a history of urinary incontinence preceding as well as accompanying the advent of the tumor.

The presence of the foregoing symptoms should cause the practitioner to repeat his examination, and subject his patient to a prolonged observation, before diagnosticating any other affection. A physical exploration will generally suffice for diagnostic purposes, in the majority of cases. In fact, when once the surgeon has had his attention drawn to the existence of this rare lesion there is but little danger to be apprehended—it is only in cases where the observer has no knowledge of this condition, that harm may come from a hasty operation. When the writer remembers how narrowly his own patient escaped having a ligature thrown around its bladder, he may be excused for believing that others may be similarly deceived. A knowledge of the possible existence of this lesion will prevent any one from occupying the embarrassing position in which he was then placed, and if this paper succeeds in diffusing an acquaintance with the fact that the human bladder may become turned inside out, the writer will be amply repaid for his trouble in its preparation.

Hospital Reports.

PHILADELPHIA HOSPITAL.

SURGICAL CLINIC OF DR. JOHN H. BRINTON.

REPORTED BY DR. W. M. ANGNEY.

Frostbite.

Gentlemen:—The extremely cold weather which has prevailed during the last few days affords me an opportunity of bringing before you two or three well-marked cases of frostbite. You have all doubtless been made familiar, by narrative, with the general constitutional effects resulting from prolonged exposure to a low temperature; of the benumbing effect produced upon the senses, and the desire to sleep, which once yielded to, may prove the sleep which knows no waking. The history of arctic exploration and mountain travel abounds with these accounts. The effect of extreme cold upon the living tissues is, to produce at first a sense of numbness in the part, accompanied by a shrinking of the tissues. The circulation through the capillaries is interfered with, and recession of blood from the surface to the deeper structures results. Hence it is, that where the whole body is exposed for any length of time to cold, as in the cases above referred to, accumulations of blood occur in the central organs, especially in the brain and lungs, and coma and fatal sleep take place.

The influence of extreme and protracted cold upon parts locally exposed is felt precisely in the same way. The blood is driven from the part; it shrivels, shrinks, changes color, and loss of sensation and motion occurs. You have seen me, over and over again, apply an Esmarch's bandage before operation, and you will doubtless remember the appearance of the part when the elastic roller is unwound. The extremity looks marble white, the blood has vanished from the finger ends, the rosy tint dependent upon the circulation has fled, the temperature is reduced. The same phenomena are observable when the fatal death-chill creeps upward upon one who is moribund, and the icy hands and feet foretell too plainly approaching dissolution. These conditions are analogous to the effects of local cold; the causes may be different, but the results are not unlike, and depend upon the withdrawal of the blood from the peripheral tissues. Such is the first local effect of cold, it lessens the vitality of the part; let the depressing effect of the cold continue, and the part dies. Here again you can trace the analogy of an Esmarch's application. Harmless in the surgeon's hands, for a brief application, it also, if too long continued, may produce disastrous consequences: but of this I have already spoken to you more than once.

From these brief words, and with this idea of the pathology of gelatio or congelation, in your mind, you can readily imagine the course and conduct of a frostbite. Take a minor degree of frostbite. The part is not altogether frozen; it is not destroyed; its vitality is simply lessened. What will be the result? reaction—a return of the circulation in the tissues, to a degree greater than normal. In other words, the depression is followed by inflammation; the whiteness or lividity vanishes, and is succeeded by a fiery red, and the numbness gives way to a tingling or burning heat. And just here is the danger; the inflammation may run too high, and result in the death of the part—gangrene. The surgeon's efforts must be directed to limiting and controlling this reaction, to keeping it within proper bounds, thus preventing the final destruction of the parts.

But the local effects of cold may not be limited to a temporary lowering of the vitality of a part. It may go further, and entirely destroy it; despite the best endeavors no reaction may occur in the part; it is mortified and dead. When such is the case, the substance of the frozen extremity gradually shrivels more and more, becomes dark, and eventually black, and the line of demarcation is developed between the living and the dead tissues. In one of the earlier sieges of our late war, where the men were greatly exposed, sleeping under the enemy's guns, without fires, and exposed to a drizzling sleet, I witnessed a number of such frostbites. Many of these occurred, if my memory serves me, from exposure during the night: and here let me say, that mortification, of the toes especially, may result from a moderate degree of cold, if it be at the same time accompanied by exposure to wet. I have known it to occur in one case, when a wounded man slept with his feet projecting from under the tent cover; the drip-

pings of the tent falling upon his instep produced gangrene of both feet, much as if the agent had been great cold alone. As you would naturally suppose, the parts most apt to suffer from frostbite are those which are most exposed, such as the ears and nose, the hands and toes. Pressure, such as that produced by a tight or ill-fitting boot, will also contribute to the same result.

In the next place, gentlemen, let us consider the treatment of a frostbite. The indication is to bring about reaction, slowly and moderately, to increase the vitality and restore the circulation to a member which has been almost frozen; and at the same time to do this so gently and gradually that the line of inflammation may not be reached. How is this thawing process to be effected? I answer, by means of cold frictions; and by very carefully avoiding exposing the sufferer to too high a temperature, as to the direct heat of a fire. The patient should be treated in a cold room, and the parts should be rubbed with snow, pounded ice, or cloths dipped in cold water, and this should be kept up until the reaction is fully established. I would not employ stimulant or warm lotions, at all events, in the commencement of the treatment. If you should find that the effect of the cold is very persistent, you may, after using the cold rubbing, rub the parts with whisky, or some weak camphorated tincture, but it will be better for you to depend upon the cold applications as far as possible. If, when the reaction shall have been fully established, a tendency to slough in any portion of the integuments be manifested, the usual treatment in such cases becomes applicable. I generally employ cloths dipped in carbolated oils, and applications of that nature. When mortification is evident, no attempt should be made to remove the parts until the line of demarcation be fully established. Should an opposite course be pursued, and too early an amputation be resorted to, the result would most likely be sloughing or gangrene of the stumps. *Festina lente* must be your motto. Wait until Nature shall have clearly indicated to you her line of separation, and operate through it.

From what has been said regarding the pathology of frostbite, you would naturally expect that such cases would be most common in latitudes where the thermometer dips the lowest. This does not, however, appear to be altogether the case, for this affection would seem to depend somewhat upon changes and alterations of temperature, as well as upon the absolute degree of cold. As I have already intimated, cold combined with moisture, as when sleet and rain follow a cold snap, peculiarly dispose to the occurrence of frostbite. Among the inhabitants of arctic regions frostbite undoubtedly occurs, but yet not as frequently as one might suppose, and I am told by a medical friend from Maine, who practices largely in a region where the thermometer often falls to between 30° and 40° below zero, that he has never seen there a case of frostbite. We know very well that the debauchee, and those whose constitutions have been broken down by drunkenness, are most liable to the occurrence of the affection in question, and that its frequency is influenced by the character of the life of the individual. It may, therefore, be, that the stringent prohibitory law of Maine may serve to protect her moral citizens against the rigors of her winters.

From these remarks you will, I think, comprehend the nature of the cases before you. This man has been walking in the snow, his feet being insufficiently shod. He tells us that they became very cold, and continued to grow colder and colder, until they were quite benumbed. He afterward rubbed them until they became warm, and they then itched, and tingled, and burned him. The pain became so great that he could not walk, and he was then admitted to the hospital. Notice, if you please, the condition of the parts, and the blackened tissues around the ankle, and along the sides of the feet. This patient has evidently suffered from a low grade of frostbite, resulting in superficial gangrene. The limits of the gangrene are determined, the line of demarcation is being formed, and the slough is separating. Here is another patient with a like condition of the pulpy parts of the fingers of both hands. This man makes his living by selling cakes in the streets, and he, too, has been, consequently, subjected to much exposure, and you know how cold the weather has been. The only treatment to be attempted in these cases is to favor the separation of the sloughs, let nature do her work, and then to remove with a scissors the dead parts. I shall direct these cases to be dressed with lint dipped in carbolated oil. If the sloughs were very extensive I might use charcoal poultices, but the oil dressings will answer very well here.

Coxalgia.

The next case is one of peculiar interest, inasmuch as it is typical of many you will meet with hereafter in your practice, and I am indebted to the courtesy of my colleague, Dr. Linn, for the opportunity of bringing the patient before you. I have not yet examined the case, and we will therefore study it together. This little girl is ten years of age. Some months ago she was noticed to limp in her walk, to drag or trail her foot after her, and to take less interest in playing than was her wont. In a little while she complained of slight pain in the inner side of the knee, on the front of the thigh, and over the knee. She "started in her sleep," to use the common expression, complaining, at the time, of pain. The pains in the knee and thigh gradually increased, and she became unable to walk. She has been in the hospital five or six weeks. Look at her now, and notice the appearance of the thigh; it is flexed on the abdomen, adducted, or drawn inward, and apparently slightly shortened. When I attempt to rotate the thigh, she screams with pain, and so also when I extend the leg. I tap the knee slightly with the palm of my hand, and you hear her almost shriek with suffering. She refers the pain to the hip, and front of the thigh, and especially to the inside of the knee. When I place my hand broadwise on the buttock, around the upper part of the thigh, and in the neighborhood of the joint, I find that the temperature is greater than natural, and this is very evident when, by my touch, I compare the temperature with that of the sound limb. I roll the child gently on to her sound side, and ask you

to observe the buttock of the diseased limb. You see that it is flatter than natural, apparently broader than its fellow, and that the crease between the buttock and the thigh, the gluteo-femoral crease, as it is called, is gone. On comparison with the sound side, these conditions are very evident.

I now replace her on her back, and employ a manœuvre much insisted upon by Dr. Sayre. I take the sound limb, flex it on the abdomen, bring it suddenly straight, and the child does not flinch, or raise the pelvis from the bed. Let me do this with the limb of the diseased side, and watch the result. She has some pain as I carry this thigh upward, but when I attempt to bring it down suddenly, by extension, into a straight line, she throws her pelvis upward, and suffers so greatly, that, for humanity's sake, I must desist. Here, then, you have a characteristic train of symptoms. Limping, dragging the foot, pain at the knee and in the thigh, adduction of the thigh, apparent shortening, flattening of the buttock, destruction of the gluteal crease, deepening of the lumbar depression, and the result in the extension test which I have just shown you. What does all this mean? Simply this. That this child is suffering from hip-joint disease in the second stage. In its fully developed phase, this affection is unmistakable, but in its very incipiency its diagnosis is at times difficult. On a correct diagnosis, however, the treatment must depend, and on the treatment the future of a child, for weal or for woe. I shall, therefore, ask your attention for a very few minutes to the subject, and avoiding theoretical topics, which may be still *sub judice*, I shall examine this case from a practical clinical standpoint.

Hip-joint disease, coxalgia, morbus-coxarius is a very common affection. It occurs in every class of life, among the rich as well as among the poor. By some surgeons, the essential element or predisposing cause of the disease is considered to be a scrofulous tendency or diathesis; others maintain that this dyscrasia is by no means essential to the occurrence of the affection, but that it may result from simple irritation. While I do not pretend to speak over positively on this subject, I must say that I incline to the former view, at all events, as far as the great majority of cases is concerned. Be the cause what it may, the disease is unfortunately too often encountered.

One classification of hip joint disease which you will find in the text books is based upon the starting point of the trouble, and the chief locality of the parts involved. Thus the femoral, arthritic, and acetabular varieties are spoken of; according as the inflammation begins at, or involves in the main, the head of the thigh bone, the ligamentum teres and the soft structures of the joint, or the acetabular cup. Coxalgia is also usually divided into three stages; the first, when there is only a slight degree of limping or lameness, and little or no pain; the second stage, when the inflammatory phenomena are well developed, as in the case before you; and lastly, the third stage, when suppuration has taken place, and when abscesses have formed in and around the joint. In the interests of treatment it is all important that your diagnosis should be made early, and accurately, and that the proper rest treatment should be promptly instituted. As Mr. Hilton has well said, in his charming lectures on rest and pain, if a child limps, the lameness must be due to some cause; and if on examination the surgeon finds no evidence of disease in the foot, ankle, or knee, the probability is that the trouble is at the pelvis, or hip joint.

The grouping of the symptoms at this stage of the examination is always important. First of all we have the increased temperature and the pain. The latter is well explained by the nerve supply to the hip and its neighborhood. I will try and show you what this is. Here is a sketch on the blackboard, based on Hilton's outlines; and we must thank this surgeon, or rather his memory (for he has recently died), for the care and precision with which he has directed the attention of the profession to this matter. As you see in this diagram, the nerve supply to the hip joint is threefold. In the *first* place we have the obturator nerve, as it passes down the inside of the thigh, sending off a branch to the ligamentum teres, and to the capsular ligament. As you may remember, the terminal branches of the obturator are spent upon the integument of the inside of the knee and leg, a branch also being given off to the synovial membrane of the knee. The *second* nerve to the hip joint, as stated by Mr. Hilton, is a branch from the anterior crural to the front of the capsule; the peripheral distribution of the anterior crural being to the skin of the front and inside of the thigh, and as far down as the inner side of the leg and foot, and also one or two articular branches to the knee joint. The *third* nerve to the hip is a branch from the sacral plexus, an articular filament to the back of the hip joint; the remaining strands of the plexus being sent to the muscles and integument on the back of the leg.

In order to give due weight to the pain symptoms in coxalgia, it is well to recollect this nervous distribution, for from it, it may not be impossible to locate the point of pathological action. When pain exists on the inside of the knee joint, as it most frequently does, the inference is fair that the form of coxalgia is arthritic or femoral in its character. On the other hand, the presence of pain in the posterior portion of the limb, or high up in the region of the buttock, would lead to the suspicion of a possible acetabular involvement. Perhaps it would be hazardous to base a diagnosis on these phenomena alone; yet at the same time due weight should be given to them in forming the clinical judgment of a case. In the child upon the table, succussion upon the foot produces an acute darting pain, not only upon the inside of the knee, but also on the integument of the front and outer portions. I therefore am justified in believing that the morbid action involves the ligamentum teres, the soft structures of the joint, and also the head of the thigh bone, and the capsular ligament in front. I find, also, that pressure upon the trochanter causes pain, thus further substantiating the diagnosis of femoral as well as arthritic coxalgia.

I will next draw your attention to the position or attitude of the thigh of the diseased side. You observe that the thigh of this child is flexed

upon the pelvis, and at the same time powerfully adducted. If you will make a ligamentous preparation of the hip joint, and then trephine the acetabular cavity from the inside of the pelvis, you will have an excellent peep-hole to study the tension of the soft structures of the articulation. Here is such a preparation, and if you will examine it after lecture, you will find that flexion and adduction of the thigh relaxes and relieves all strain upon the ligamentum teres and its associated soft parts. In this position of an inflamed hip joint the ligaments are put at rest, and consequently are freed from pain. Hence nature causes the limb to assume this attitude by the action of the psoas, iliacus, and the adductor muscles. The shortening of the limb, which was once regarded as a sympton of morbus coxarius, is probably fictitious. It arises from the drawing up of the ilium of the diseased side, and the twisting or tilting of the pelvis to the opposite side. By this elevation and adduction a patient, when standing, in the early stage of the disease, rests easily and comparatively painlessly, upon his toes, and at a later period of the affection, when confined to bed, sustains with his well foot the weight of the diseased limb, and guards and protects it from shock or succussion when moving in bed. I will now ask this little girl to move on her bed, and as she does so you can easily understand the phenomena I have just described to you. You can see how, with her healthy foot, she raises, and if I might use the expression, handles, that of the affected side.

We have thus, I think, clearly made out that this poor little girl is suffering from hip joint disease in the second stage. The pathognomonic symptoms are present, and I have endeavored to make them intelligible to you. To sum them up, she has pain on the front and inside of the thigh, and over the knee, increased on succussion. The thigh is flexed and adducted, the gluteo-femoral crease is effaced, the temperature of the joint is elevated. There is apparent shortening; the limb does not respond to the extension test, and its attitude is characteristic. There is no doubt as to the nature of her trouble. What can we do for her? I answer in one short sentence: "Put the parts at rest, complete and absolute rest." This is the first great indication to be observed. At the same time build up her constitution by general tonics, and by placing her in the very best hygienic conditions attainable under the circumstances.

I shall, therefore, advise that this little one shall be fully etherized, and then that the limb shall be brought down straight, into the extended condition. An adhesive plaster extending strip should then be applied, as for fracture of the thigh, and extension should be kept up by a light weight, say a pound or two; this weight to be increased or decreased as occasion may demand. By raising the foot of the bed the tendency of the patient to slip downward can be readily counteracted. From the nervousness of this little girl at the present moment, and the evident irritation of the parts, you might suppose that such a dressing could not be endured. But experience teaches us to the contrary, and you will, I am sure, hereafter, be both surprised and delighted at witnessing the relief afforded to a suffering child by such an application. In a very short time a little patient will be accustomed to this dressing, and will be unwilling to have it interfered with or removed. A child learns very soon what is most comfortable for him, and with this apparatus well applied will remain quietly in bed, playing with his toys, or amusing himself with books, happy and contented. I can recall many such cases to my mind, where children confined to bed for hip disease have lost the expression of anxiety and pain so characteristic of the malady, and have grown fat and almost rosy. The period during which it may be necessary to keep a child thus confined to bed varies greatly in different cases.

The best rule, perhaps, is to keep on the extending apparatus until the acute inflammatory symptoms shall have passed away, and the irritability of the parts shall have subsided. An apparatus with the rack and pinion extension may then be adjusted, and the patient allowed to leave his bed; or resort may be had to the plaster casing, applied by means of a roller bandage. You will, of course, understand, that while this mechanical treatment is being carried out it is desirable to build up the patient's constitution in every way, by iron, and quinine, good diet, fresh air, and by such tonic and hygienic measures as may seem most appropriate to the individual case.

I shall endeavor to bring this child before you at the expiration of a month from the present time, when you may have the opportunity of witnessing the result, and I trust it will be a favorable one, of the treatment which will be instituted in her case. * * * *

NEW YORK HOSPITAL.

DISEASES OF THE SKIN.

BY L. DUNCAN BULKLEY, M.D.

Reported for the MEDICAL AND SURGICAL REPORTER.

GENTLEMEN:—In pursuance of the plan which I have laid down for this course, I will to-day, as usual, devote the first half of my hour to a somewhat rapid glance at the prominent characteristics and the most important points in the treatment of some of the cases which are presented at the clinic; reserving a more systematic and detailed consideration of the various affections in question for the latter half, or didactic portion, of my lecture.

Psoriasis.

You remember this boy, who was before us last week, and who is suffering from well-marked general psoriasis. To-day I propose to commence a new treatment in his case, and in order to note what real effect it has here, I shall apply it to but a portion of the body at once. The agent which I am going to employ is chrysophanic acid, which seems to be quite a marvelous remedy in many respects. It is well to notice, in the first place, however, the improvement which has already taken place in the eruption under the exclusively internal treatment which the patient has been using for the past three weeks. It has lost much of its red character, there are much fewer scales, and they come off

much more readily. But when I scrape the surface of diseased tissue, even where there is not much scaling, those of you who are sufficiently near will perceive that we still find beneath the ordinary micaceous scales the little membrane or pellicle, entirely distinct from the scales, which slips off readily, leaving the characteristic bleeding corium of psoriasis. The evidences of improvement may be briefly summed up as follows:—

(1) Less congestion.

(2) Borders of diseased patches less clearly defined.

(3) Scales fewer and more easily detached.

The patient will now be directed, every night and morning, to make active friction over the surface of the left arm only, with coarse soap and water, and then to rub in thoroughly an ointment containing the chrysophanic acid, half a drachm to the ounce. It may be used much stronger, even up to two drachms of the acid to an ounce of ointment, but I prefer beginning with a milder strength, as his skin is delicate, and I have seen very considerable inflammation excited by this agent. You will remember that this ointment is to be prepared by melting the excipient, and dissolving the chrysophanic acid in it, stirring until cold. In case it should give him much pain, however, the application need be made only once a day. In addition, he will continue to take internally, as before, the acetate of potassa, as I believe it to be one of the very best means at our command for relieving cutaneous congestion.

The accounts of chrysophanic acid are that, of itself, it absolutely cures psoriasis. This statement has been made by reliable observers, who, in certain cases, have noticed no return of the disease for a year, or a year and a half, after the remedy was discontinued. Whether, in such cases, the eruption will finally return or not, there has not yet been sufficient time to determine; but I caution you against ever promising too much in psoriasis. At all events, it can certainly be said with truth that more speedy results can be obtained by the use of this agent than from any other that has ever been tried. The only disadvantages connected with the employment of chrysophanic acid are, that it sometimes causes considerable erythematous inflammation of the healthy skin, and that it stains the surface of a dark hue, and also stains the clothing badly; but if in any case the patient can be persuaded to shut himself up for a week or so, in order to have the remedy thoroughly applied, the results are, indeed, wonderfully satisfactory, as I can abundantly testify.

I now ask you, for a moment, to look at this other patient, a man of thirty-five, who is also suffering from psoriasis. While the eruption presents some differences from that in the other case, you will observe the same micaceous scales, and, on scraping, the same little membrane and readily-bleeding corium beneath. On the back there is very nicely shown a variety of psoriasis known as *gyrata*, in which the affected spots have a margin covered with the white scales of the disease, with a healthy centre.

Psoriasis in Stage of Decline.

In this woman you see a psoriasis which is now yielding nicely to treatment. Here the eruption has taken to a great extent the form of rings, or grouped papules; so that in this respect it bears considerable resemblance to a syphilide. You know that, as a general rule, psoriasis, by preference, attacks the extensor surfaces, while eczema affects the flexors, but in this case the latter are markedly the seat of the disorder. Fortunately, psoriasis usually spares the face; but this case is also an exception to the general rule in this respect, and I want you, therefore, to examine the disease very carefully here, as you may not have the opportunity of seeing another similar case. You perceive that the neck and face are each affected on both sides, and that in this location the disease resembles eczema; though in eczema you would not have these separate, circular, red papules, nor would the margins be as well defined as here. The patient is now getting along very satisfactorily, and the eruption rapidly fading.

Syphilitic Onychia.

The next case I present to you is one of double syphilitic onychia; in which you will observe that the man has lost the nails of both thumbs.

When the patient was before us for the first time, two weeks ago, as some of you will remember, there was suppuration going on beneath the nail, accompanied by a very fetid discharge, but without much inflammatory action. These are the ordinary characteristics of such an onychia, which is due in reality to a tubercular syphiloderm beneath the nail. Double symmetrical onychia, I may remark, is characteristic of syphilis, and is seldom, if ever, met with (unless under some very peculiar circumstances) except as a result of this disease. The patient is now on the mixed treatment, of mercury and iodide of potassium, and is doing very well, the discharge, as well as the fetid odor, having ceased almost immediately after he was here last. No local treatment was employed at first; but we will now order him an ointment of the *liquor ferri persulphatis* (a drachm to the ounce), which you will find of great service in all forms of onychia. The constitutional treatment will, of course, be continued.

Infantile Urticaria.

Here are two young children suffering from urticaria, or nettle-rash, which is frequently an affection that gives a great deal of trouble in early life, and especially in cachectic children. In the first child, which is about eighteen months old, you perceive merely the results of scratching and none of the characteristic wheals of the disorder; and this, you will find, is not infrequently the case. You see here nearly the whole body, as well as the limbs, covered with scratch-marks, torn papules, and stains.

In the second child, who is a year or so older, the same lesions are also found to be present; so that we might be led to suspect some common cause of the trouble, such as a parasitic disease. But here, if we examine the buttocks carefully, we can make out some of the wheals characteristic of urticaria; and this at once points us to the correct diagnosis. Now there are but three or four diseases which could give rise to such a condition as you see in these children; scabies, phthiriasis, eczema and pa-

pular urticaria. The absence of any marked eruption on the hands and feet, together with the absence of the caniculi or furrows, excludes scabies; phthiriasis corporis (body-lice) very rarely, if ever, affects children so severely as this, nor would you find the legs and arms thus scratched in that condition; and, finally, the papules are too isolated for eczema, while at no place has the scratching given rise to such lesions as we would be certain to find in that disease.

In children urticaria frequently takes this papular form, and this feature has given rise to a name by which it is frequently, though wrongly, known in England, namely, *lichen urticatus*. In regard to the treatment, we must look carefully to the digestive system of the child, regulate the diet, and give such remedies as will be most likely to correct any disorder in the alimentary tract. I know of nothing more generally useful in this connection than acetate of potassa, given in a mixture of rhubarb and soda. Locally, carbolic acid with caustic potash, in solution, will give very great relief; the formula I use being as follows:—

℞. Acid. carbolici, ʒj
Potassæ causticæ, ʒss
Aquæ, f.ʒiv. M.

The ingredients to be well rubbed together. This may, of course, be diluted if it burns the skin.

Syphilitic Bursitis.

This woman is an old syphilitic patient of mine, who has neglected treatment for a long time, and who now comes back with some small tubercles, of a purplish red, and characteristically grouped together, about the knee, and also what I believe to be a syphilitic inflammation of the *bursa patellæ*. The bursa, you perceive, is very much enlarged, as in "housemaid's knee," but the latter affection is usually double, while these latter manifestations of syphilis are apt to be one-sided. Such a grouped tubercular syphilide as you here see (in addition to the bursal trouble) is not uncommon; and the region of the knee is quite a favorite seat for it.

General Papular Syphilide.

Again, I show you the same girl, with early constitutional syphilis, who was presented to you last week and the week previous. She comes back to-day principally on account of a specific iritis, which has recently developed itself. In connection with this case, I should like to call your attention to the fact that it is rare to find a papular or pustular eruption as the first general lesion of syphilis in women; why, I do not know, but the macular syphilide is almost always observed in them, whereas this form of syphilis almost always manifests itself in the opposite sex. As a curious corroboration of this, I believe that every plate of a papular and pustular early syphiloderm that I have is taken from a male subject, while almost all the pictures of macular syphiloderm represent females. It may be that this tendency on the part of females to have this very superficial erythematous rash accounts for the fact that it is often so difficult to trace a history of syphilis in them, for I have repeatedly seen it when it had been quite unnoticed by the patient. But you can hardly imagine that this woman will not bear a vivid recollection of this rash for a long time, nor will she be apt to forget this iritis, which causes her so much distress. You should not neglect to observe the grouped circular arrangement of the papulo-pustules of the eruption, and also the enlargement of the post-cervical glands, which is quite marked here.

(To be Continued.)

Editorial Department.

Periscope.

Chronic Intermittent Albuminuria of Adolescents.

An important affection of the kidneys has, in a recent paper, been named by Dr. Moxon ("*Guy's Hospital Reports*," third series, vol. xxiii, page 233) chronic intermittent albuminuria of adolescents. It occurs in young men, generally between the ages of fifteen or sixteen and twenty-two years, and is characterized by the appearance of albumen in the urine at one time and not at another, but generally in the urine passed after breakfast. The first urine passed in the morning, as well as the afternoon urine, may be completely free, though in some cases albumen is only found in the evening. Dr. Moxon has met with more than twenty such cases of intermittent albuminuria all answering to the above description, and (most important of all) he has seen several of them completely recover. Examination of the various systems of the body gives negative results, but patients are generally brought to the doctor by their friends, on account of their languor and general indisposition to exertion and to joining in the common amusements of society. Dr. Moxon appends a note from Sir William Gull, in reference to one of his cases, in which he mentions that he has himself so often found albumen in the otherwise normal urine of youths from sixteen to twenty-two, that he regards the affection as common, and attributes it to "atony of vessels and nerves." Dr. Moxon, however, thinks it possible, from the large quantity of oxalate of lime which is usually present in these cases, "that morbid matters in the urine itself may induce an active irritation of the kidneys,"

and also that disturbances of the sexual system at this period of life "might be allowed as likely to reflect disturbances to the urinary system."

On Antecurvature of the Uterus.

At a late meeting of the Obstetrical Society of London, a paper was read by Dr. George Roper, entitled "Some Clinical Remarks on a certain class of cases of Anteflexion of the Uterus, with certain correlated conditions." The object of the paper was to describe and differentiate a special class of cases of anteflexion of the uterus. In these cases the abnormal shape of the uterus was a congenital malformation, and was not either an effect or a cause of pathological change in its texture. The axis of the organ was a curve, with the concavity forward; it was not bent at an angle at any one point. There was no softening of the tissues, but on the contrary, rather rigidity, for the organ could not be easily straightened. This condition was often associated with deformity of the cervix and stenosis of the external os and canal. To distinguish this malformation from other kinds of anteflexion, the author proposed to call it "antecurvature" of the uterus. He believed this antecurvature was much commoner than any other kind of anteflexion, and that, in the unmarried especially, it caused no symptoms beyond those of dysmenorrhœa. He had noticed other kinds of developmental peculiarities, one or more of which generally coexisted with this malformation. These were (1) a short conical vagina, (2) a narrow perineum, (3) a conical distribution of the pubic hair, long hairs on the mammary areolæ, and an unusual amount of hair on the legs and forearms. The deformity of the uterus often gave rise to dysmenorrhœa, from the canal being curved and narrow. The treatment of this was then considered. The author thought incision of the vaginal portion advisable when the cervix was much hooked. Incision of the cervix up to and through the internal os, sudden dilatation of the cervix by expanding sounds, or the use of tents, or intra-uterine stems, or of vaginal anteflexion pessaries, he considered either inefficient or unsafe, and therefore, objectionable. He had obtained excellent results from gradual dilatation of the cervical canal with metallic bougies; he believed this treatment to be quite free from risk, and therefore preferred it. There was also in these cases a condition of sexual nullity; sexual desire was absent; in many cases sexual intercourse was painful, and there was often vaginismus. He thought the co-existence of these conditions was not accidental, but that they were part of a general developmental defect. The pelvis, too, he thought, partook somewhat of the male type.

The Use of the Forceps when the Os Uteri is Partially Dilated.

At a recent meeting of the Dublin Obstetrical Society, Dr. George Johnston, ex-Master of the Rotunda Lying-in Hospital, read an interesting paper on the use of the Forceps in that institution from 1868 to 1875. Omitting all reference to that portion of the paper in which the use of the forceps in ordinary cases is discussed, we would draw attention to those cases in which they were used before the os uteri was fully dilated. The forceps were applied in 59 cases, 44 of which were primiparæ, where the os uteri was two-fifths of its normal dilatation, the principal causes of interference being early rupture of the membranes (42 cases), pressure on anterior lip of uterus (8), prolapse of funis (2), and convulsions (2). In 18 the head was above the brim, in 17 in the brim, and in 24 in the cavity. Of the 59 children, 48 lived, 9 were born dead, and two died; and of the mothers, 53 recovered and 6 died. In the second division, where the os was three-fifths dilated, there occurred 71 cases, 53 being primiparæ, the operation being due in 43 instances to early rupture of the membranes, and in 13 cases to pressure on the anterior lip; the forceps were applied in 6 above the brim, in 36 in the brim, and in the cavity 29 times respectively, with the result that 58 children lived, 7 being born dead, and 6 died; while of the mothers, 2 succumbed, one from gastro-enteritis, and the other from uterine diphtheria. Where the os uteri was four-fifths dilated, 39 cases occurred, 26 being primiparæ, with a result of 9 deaths to the children, and one death, a primipara, due to convulsions. Dr. Johnston has long been an advocate for using the forceps in cases of a similar kind, and he states that the results generally are very satisfactory; but remarks that the forceps should not be used under similar circumstances, except by a practitioner who is thoroughly acquainted with the process of parturition, and has also obtained the necessary delicacy of touch and accuracy of manipulation.

The Action of Large Doses of Capsicum.

The *Archiv für Pathologie* gives some researches of Hogyes showing that the action of capsicum in considerable doses is less poisonous than some authorities have asserted. It has been said to cause, when applied to the skin, redness, vesication, and ulceration; and when taken by the mouth, vomiting, inflammation, and painful diarrhœa. Landerer and Tresch assert that its active principle is capable of causing death. Hogyes, however, found little evidence of action except upon the sensory nerves, with more or less reflex hyperæmia of transient duration, and no permanent anatomical change. It increases the secretion of saliva and of the gastric juice, and favors the peristaltic action of the intestines, and so promotes digestion. Fifty grammes of powdered capsicum caused a dog to vomit twice, perhaps on account of the bulk of the dose, but it was quickly better. The same dog did not vomit after two cubic centimeters of capsicol, corresponding to two hundred grammes of the powder. Capsicol bites the tongue sharply, but applied to the conjunctiva causes only a trifling redness.

It was once thought that capsicum might furnish a substitute for quinine, because brandy, to which it has been added, is a reputed prophylactic against intermittent fever. The results of experiment do not, however, warrant any expectation of an anti-febrile action.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A journal, to be called "The Archives of Medicine," is announced by G. P. Putnam's Sons, to be issued in February. It will be edited by Dr. E. C. Seguin.

——In a reprint from the Maryland *Medical Journal*, Dr. S. Theobald discusses the skepticism prevalent regarding the efficacy of aural therapeutics, and argues that is far from justifiable.

——The St. Louis *Courier of Medicine* is a late venture in the journalistic field. It is published monthly, by the Missouri Medical Journal Association. Its special field is to be in the profession in Missouri. The first number presents a handsome appearance, and has a number of good articles. $3.00 per year.

——With the close of last year the English medical journals *The Doctor* and the *Medical Examiner* ceased publication. There now remain in the field but four old-established weeklies: The *Lancet*, *Medical Press*, *British Medical Journal* and *Medical Times*, with a few monthly journals, and one or two quarterlies on special subjects.

——Dr. James Rush's once popular treatise on the Philosophy of the Human Voice has long been out of print, and the publishers have decided to issue a new edition. The work was, in its day, the best then published on the subject; it embraces the Physiological History of the Human Voice, together with a System of Principles by which criticism on the art of elocution may be rendered intelligible, and instruction definite and comprehensive. Of course, much of it is now antiquated.

BOOK NOTICES.

Medical Chemistry, including the Outlines of Organic and Physiological Chemistry. By C. Gilbert Wheeler, Professor of Chemistry, in the University of Chicago. Philadelphia, Lindsay & Blakiston. Chicago, S. J. Wheeler. 8vo, pp. 424. Price $3.00.

The author, believing that medical chemistry as such has not received the attention from writers in this country which it requires, has prepared a manual adapted especially to students who have already familiarized themselves with inorganic chemistry and the general principles of chemical philosophy. Hence he passes by these preliminary studies, and divides his work into two parts —Organic Chemistry and Animal Chemistry. The first, he states, is mainly a translation from Riche's *Manuel de Chimie*; the second is more an original compilation. In it he takes up the various fluids and tissues of the body, its nitrogenous substances, the saliva, gastric juice, intestinal fluids, bile, blood, urine, etc., one after another, giving their constituents, reactions, chemical pathology, etc.

Throughout the work prominent and recent authorities are quoted, and judging from the articles we have particularly examined, we should say that a very fair summary of the latest and most reliable information is given. As the author justly observes in his preface, the difficulty in such a work is not from the scantiness, but from the abundance of the material, and hardly two chemists will agree on what can best be omitted. In this respect the author appears to us to have exercised good judgment.

An Atlas of Human Anatomy. Illustrating most of the ordinary Dissections and many not usually practiced by the student. Accompanied by an Explanatory Text. By Rickman John Godlee, M.S., F.R.C.S., etc. Philadelphia, Lindsay & Blakiston. Part I. Price $2.50.

This is the first number of an atlas in large quarto, with colored plates, four in a number, to be completed in twelve or thirteen bimonthly parts. Each plate is faced by a page of references, and each part is to be accompanied by an octavo part containing the explanatory text. When completed the work will form a large folio volume of plates and references, and an octavo volume of 300 or 400 pages.

The author, Mr. Godlee, enjoys an excellent reputation in London, as a profound anatomist, a skillful teacher, and an expert artist. The plates in the number before us testify thoroughly to his last mentioned qualifications. They are very neatly drawn and colored, and will certainly render the study of regional anatomy easy and attractive. The plates show dissections of the head and neck, and it has been the design of the author to exhibit dissections not usually demonstrated, in order to enable the student to understand the mutual relation of parts which otherwise he is apt to regard as separate and independent.

The general character of the work is excellent, and no doubt it will achieve considerable popularity among students of anatomy.

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THE THEORIES OF EPIDEMIOLOGY.

The theory of epidemic diseases continues very incomplete. We are not very much ahead of the "epidemic constitution of the air" of Sydenham, although our more modern views incline to reduce the contagium of epidemics to fungi, bacteria, or other low forms of vegetable or animal life.

Another theory which crops out from time to time, is the cosmical or planetary origin of epidemics. A clipping has been going the rounds of the papers lately, to the effect that in 1881 we enter upon a peculiarly maleficent period of planetary and stellar arrangements, which will last six years or so, and give the doctors plenty to do. A few years since we remember a long and learned article in the New York *Medical Journal*, defending this hypothesis.

Yet another doctrine is that of the telluric origin of epidemics. Emanations of some kind from the soil are supposed to excite them. This is somewhat allied to Pettenkofer's teachings about the "ground-air" and the "ground-water." A Parisian physician of eminence, Dr. Besnier, has urged this thing in a recent paper read before the Society of Parisian Hospitals.

"I have never been wearied," Dr. Besnier observes, "for a great number of years, in showing by facts that general hygiene and the prophylaxis of popular diseases can only be based with certitude upon a thorough knowledge of the laws of epidemiology, until lately completely ignored. It is in this direction that I have somewhat superabundantly demonstrated that there are really *benign medical constitutions* and *malignant constitutions*, determined by telluric conditions, which, although still obscure, are not doubtful as to their reality. Overcrowding, change of climate, bad hygienic conditions, exposure to contagion, misery, etc.—in a word, all the traditional and classic conditions of the generation and development of these diseases—only occupy on the general etiological plane an infinitely lower level. The public health, as well as the condition of the atmosphere, is subjected to variations. Some of these are *fixed and unchangeable*—viz, the *seasonary* variations, upon which the hygienist physician may found his previsions and general prophylactic measures may be regulated beforehand. Others are *irregular*, at all events in appearance, but which we are even now able, under certain circumstances, to foresee and announce, just as we are commencing to be able to scientifically announce the cause of storms. It is these latter conditions, and not the contingent traditional conditions of ordinary hygiene, which determine and regulate the great oscillations of epidemic diseases. Although these propositions have at the present time, in presence of the observations which we are continually accumulating and classifying in these reports, become truths relying upon evidence, they are far from being known or appreciated according to their value by medical opinion diverted into other channels, perhaps rich for the future, but certainly less fertile in immediate applications to the useful and practical knowledge of popular diseases."

What looks like a curious corroboration of this view is contained in a description of the late epidemic of the plague in India, written by Dr. David Manson, of Amoy. He observes one fact which inclines one to think that the epidemic is owing to exhalations from the soil, and it is this: those animals that live in the ground, in drains or in holes, are those first to be attacked. This is particularly noticeable with the rats. As soon as these animals are ill, they leave their holes in troops, and after staggering about and falling over each other, drop down dead. The same phenomenon occurs in the case of other animals, such as buffaloes, oxen, sheep, deer, pigs, and dogs. All are attacked, but the dogs less severely than the others.

"When these phenomena appear, it is not long before the disease spreads to man; and knowing this, the people take every precaution to guard themselves from the plague. They begin to purify their houses by lighting fires in every room, and in certain towns they abstain from pork. In man the disease commences with a slight fever, which rapidly increases, and in a few hours becomes very violent. The patient clamors for drink, and his thirst is insatiable. By-and-by a dark red swelling shows itself in the armpits, groins, or neck, and the fever continuing to augment, the patient becomes rapidly unconscious. The bubo increases until the second day, after which it remains stationary, and when it has attained its full size it is about as large as a hen's or goose's egg. At this stage consciousness returns, but there is still great danger, for if the swelling, which up to this point is very hard, becomes soft, and if the fever still continues, the case is considered hopeless. On the contrary, if the tumor opens externally—which is a very rare occurrence—there is a chance of recovery."

This description shows the epidemic referred to to be the same dreadful one which killed a third of the inhabitants of England in the reign of Edward III—the true "black death." There have, indeed, been various intimations that it is gathering strength for another sweep over the earth, and with this possibility in view the general subject of epidemiology assumes an importance which cannot be gainsaid.

Notes and Comments.

Remarkable and Gratifying Change.

Sed movet! A few years ago a late eminent professor in the Harvard Medical School wrote us that he looked with repugnance at any attempt to teach the public, especially women, physiology; the same sentiment was forcibly expressed by the Dean of one of our leading medical schools here; and there may be some old fossils in the way of journals and doctors in this country and England, who still entertain this decayed notion. But note this item from the *British Medical Journal:* "To meet the demand for higher culture and wider knowledge for ladies, several of the University Professors in Glasgow have instituted classes for ladies, in which lectures are given in the different branches of science. We are glad to learn that the course of lectures on the Elements of Physiology is well attended. Such a knowledge of the nature of the vital organs and their functions, as shall give some correct ideas with respect to the means by which disease may be avoided and health preserved, is most important for all."

And note this outburst of the *Lancet:* "It is, beyond question, the high vocation of the medical profession to preach the gospel of health. There must be a code of storm-signals, intelligible to the masses, who are perpetually exposed to the gravest risks from the extension and progress of disease, and it is the bounden duty of the profession to embrace every legitimate opportunity and means of teaching and enforcing the humane lesson of an orderly and clean life, in soundness of body and mind." Ten years more will see the American profession enlightened enough to advocate acts for the limitation of syphilis by registration and examination, and several other such now impossible reforms.

Hereditary Transmission of Heart Disease.

A remarkable example of this is recorded by Dr. Rezek, of Toplitz, in the *Wiener Med. Zeitung.* Of the pair from whom the family in question descended there is reason to believe that the mother suffered from heart disease. They left two sons and five daughters. Of the sons, one is still alive, and suffers from heart disease; the other is dead, and suffered before death from dropsy; his son, moreover, suffers from some cardiac affection. The other son, still alive, has suffered for some years from heart disease, but his children are healthy. Of the three daughters, one died from heart disease, and of her five children all are healthy, but one has married and has had three children, two of whom have the "blue disease" connected with heart troubles. The second daughter of the original pair is still alive, and has suffered for many years from cardiac disturbances similar to that of her brother; of her children, one daughter has died of heart disease, and another has married and has borne a child with well-marked congenital heart disease. The third daughter of the original pair has not suffered from heart disease.

Pilocarpin as an Abortifacient.

A late number of the *Allgemeine Med. Central Zeitung* quotes four cases recently reported by various observers, where the hypodermic use of pilocarpin in pregnant women led to abortion. One case was four months gone, and aborted after the ninth injection. This should be an important caution against using this agent, which is growing in popularity, in pregnant women. As to whether it will prove of service in cases where the production of abortion is indicated for legitimate reasons, no observations have been reported.

On The Treatment of Ulcers.

Prof. Nussbaum recommends to make an incision around the ulcer one-half an inch from its margin. This incision must go through the skin, and reach the cellular tissue above the muscles. It divides the numerous adventitious vessels developed in the peri-ulcerated skin that feed the morbid process. In this way is cut off its direct and too liberal supply of blood. Into this canal lint is placed and left for twenty-four or thirty-six hours, long enough to prevent the severed tissue from rejoining by first intention. This is especially important with the arteries; they must not be allowed to unite.

In a short time the ulcer will begin to shrink; day by day the healing progresses, and in a week, or probably two, it will have disappeared.

This method is, however, inferior to that of Syme, by blisters, and of Martin, by the elastic bandage.

Induced or Symmetrical Anæsthesia.

A remarkable observation has been made by M. Dumontpallier, a record of which is published in *Le Progrès Medical* of December last. If the ether spray is directed to a limited surface on the right arm, we will say, until sensibility as tested by the æsthesiometer is notably diminished, and then the sensibility be tested on the corresponding region of the left arm, it will be found that the sensibility there is also notably diminished, though in a less degree. This is not invariably the case, but is so in a large proportion of instances; and that it is not a hysterical phenomenon may be assumed from the fact that the subjects of the experiments were medical students.

The Croton Oil Treatment of Nævus.

An instance of this is given by Dr. H. F. Sigler, in the *Michigan Medical News*. He writes: The tumor was situated in the centre of the left cheek, and in size about as large as a dime. I procured a cork the size of the tumor, into which I inserted several fine needles, letting the points project one-eighth of an inch. I then immersed the points of the needles in pure croton oil, and plunged them into the tumor. A little swelling followed, and several vesicles formed soon after. The second day a crust formed over the whole tumor. This was repeated three times, at intervals of five days, and no other treatment was required.

—*Erratum.*—Page 43, column one, the temperature should read 102½ instead of 120½.

Correspondence.

The Antagonism of Alcohol to the Poison of Diphtheria.

Ed. Med. and Surg. Reporter:—

In your issue of January 4th an article appeared with the heading "Diphtheria and Alcohol," written by Dr. C. H. Lewis, of Jackson, Mich. Dr. Lewis refers to a monograph by Dr. C. N. Chapman, of Brooklyn, N. Y., upon the subject of the caption of this article. In your issue of January 11th, there is a notice of a republication, from the *Temperance Record*, of the same monograph, by Dr. J. W. Sherfy, now of London, England, who approves Dr. Chapman's views. If my recollection is not at fault (the volumes of the Reporter, for many years taken by me being now at my home in Little Rock, Ark.), the production of Dr. Chapman first appeared in the *Scientific American*, some time in the year 1877, and was referred to by you in the Reporter. If I am wrong in this statement, you will do me a service by stating the facts.

The object of this paper is not to discredit Dr. Chapman's discovery, but to claim the same discovery made by myself in the fall of 1860. To me, it is indeed unaccountable, that many practitioners of experience and observation, upon both continents, did not in the years past reach the same conclusions. My imperfect recollection pointed to 1861 or '62 as the date of the origin of my present views of the pathology and treatment of diphtheria, but a correspondence had within the last month, with Mr. G. W. Parish, of Salem, Roanoke county Va. (my home from 1855 to 1863), furnishes me with the record of his first son's death, which occurred Oct. 23d, 1860. The little boy, twelve or fifteen months old, had diphtheria, but apparently not a very serious case. The false membrane was never extensive, and in a few days entirely disappeared; the fever continued from the first only a few days. There was not the least obstruction in any part of the respiratory apparatus. The patient was rather unusually pale, pulse rather feeble, but not above the ordinary frequency. His prospect seemed fair for recovery. Nothing but feebleness, depressed vital force, could be detected. After a few days in this condition, death closed the scene.

Reflections upon the peculiar manner of death in this case established me in the blood poison theory and the alcohol treatment, which I have diligently pursued to this day, with unbroken success, when the patients have been seen in time and my remedies promptly employed.

Soon after my discovery of the antagonism of alcohol to the poison of diphtheria, I made it known to Dr. John Rice (now deceased), of Cave Spring, Roanoke county, Va., who, after adopting the practice, never lost another case of the disease, as he declared to me in person. After I came to this place, in 1863, I informed various physicians of my successful practice; among them I recall Dr. Wade Culbertson, of Cave Springs, Ga.; Dr. Wm. Selman, of Texas Valley, Ga.; Dr. C. H. Gorman, of Alpine, Ala.; Dr. W. D. Hoyt, of this city, besides various other

persons not necessary to mention. My first publication was made in the Reporter, Oct. 18th, 1875, the first upon that subject on either continent, as far as I have been able to investigate the matter. In the Reporter of Nov. 7th, 1876, I repeated my practice, with its success. In my formula the compound spirits of lavender is added, to give color and flavor, and the aromatic ammonia, as a solvent of the false membrane. The antidotal property of alcohol was distinctly affirmed in my first publication, in 1875. I propose no injustice to any man, but claim that justice gives me the priority of the discovery, or at least its publication.

It would seem to me that eighteen years' experience, in hundreds of cases, at times six to eight in a family, ought to go far toward establishing the value of a remedy which has not failed in a single instance, when fairly tried. Its antidotal quality is beyond all question, in my mind, against that scourge of our race, especially the young. J. H. Nowlin, M.D.

Rome, Ga., Jan. 14th, 1879.

Retained Placenta.

Ed. Med. and Surg. Reporter:—

June 1st, 1877, I was called to see Mrs. W., aged 30, the mother of five children, and in the third month of pregnancy with the sixth, who was suffering with symptoms of abortion. On inquiry I learned that the cause was excessive manual labor. An opiate procured freedom from pain, and rest. On the following day the pains recurred, and in my absence a neighboring physician was called, but not until the membranes had ruptured. He administered ergot and the embryo was expelled. No serious hemorrhage following, the case was allowed rest, to await the renewal of the pains, which had entirely ceased. In a few days the woman was up and about, apparently as well as usual.

On the 15th of April I was summoned in great haste, as the messenger said Mrs. W. was bleeding terribly. On my arrival I found the patient was entirely free from pain. She said that for three days she had suffered from retention of her menses, which had been regular, and had not been attended by more pain than usual since her abortion. A few minutes before my arrival a considerable discharge of blood took place accompanied by a body as large as a black walnut and the shape of the uterine cavity. After its discharge all pain ceased. On examination the body proved to be a placenta, which had undoubtedly been retained in the uterus *for ten and a half months* from the period of the abortion, or over one year from the time of conception. The placental mass was sent to Davenport and was there examined by several physicians, most of whom pronounced it a fibrous tumor, owing, probably, to the hard, fibrous character it had assumed under uterine pressure.

The fact that the expulsive pains were not renewed after the escape of the embryo, and that the presence of this mass in the uterine cavity did not occasion severe dysmenorrhœa, made the case one of more than usual interest.

LeClaire, Iowa. J. A. DeArmond, M.D.

Dangers in the Use of Calcined Magnesia as a Laxative.

Ed. Med. and Surg. Reporter:—

A few weeks since a lady, about 55, came to me with a uterine tumor, periuterine fibroid, of immense size, covering the fundus, extending above the navel, and in a great, irregular mass on both sides, and to be felt behind the uterus by vaginal digitation. This diagnosis, coming from several eminent physicians, was acquiesced in, undoubtingly, by myself.

The patient came to me to be broken of morphine taking. Under the lessened use of morphine, intense pain in the "uterine tumor" set in, of a contractile type, for the relief of which friction, electricity, very hot fomentations, very copious hot rectal enemata were used, being moderately effective. The enemata, on ejection, was black, leaving a granular sediment in the vessel, partly (shown by microscope to be) old blood and partly amorphous particles. Vomiting of the same liquid was persistent to such an alarming extent as to suggest cancer of the stomach, or intestines, to the consulting physicians. Obstinate constipation being present, a large amount of purgative medicines was used, without effect, including hydrarg. bichlor. and olei tiglii. The patient, after two weeks, at last, complained bitterly of something pressing down in the back passage.

On introducing the finger, I felt something, nearly as large as, and feeling quite like, a fetal head.

It was with difficulty broken, and removed from the rectum, and found to consist of calcined magnesia, blood, fæces, etc. The patient had taken the magnesia, with vinegar, for many years, in increasing quantity, as the morphinism increased the constipation. An incredible amount passed the bowel, and at the same time the "uterine tumor" passed away. A. A. G.

Elmira, N. Y.

Case of Epilepsy, with Treatment.

Ed. Med. and Surg. Reporter:—

On the 31st of December, 1877, I was called to see John James, of Frenchtown (a colliery near Hazleton, Luzerne county), and found him suffering with epileptic convulsions, recurring three or four times every twenty-four hours, and had been doing so for nearly a year; prior to that, extending back nearly twelve years, he had been having them once or twice daily, with an occasional suspension of a month or six weeks. Upon inquiry, I found he had been treated by the best local talent, and also eminent men of both Philadelphia and New York, and that he had taken all the very best remedies for this disease, and taken them regularly, faithfully, and for sufficient length of time, under the advice and direction of these men, but all to no, or but very temporary, aid or relief, and I was just upon the point of saying I could do nothing for him, when, on glancing over the prescriptions (many of which he retained), I observed that he had always taken his medicine after meals. Upon further inquiry, I found he ate his breakfast at 7 A.M., dinner at 12 M., and supper at 5 or 6 P.M.; these replies

manifestly indicated that during a portion of the twenty-four hours he was not fully under the influence of the medicine. Upon this point I had based my treatment, and commenced giving him two of the very remedies he had been taking, viz, bromide of potassium and ammonium, in a solution of citrate of iron, but ordered it every eight hours, always eating an ounce of bread before and after taking each dose of medicine. He took the first dose at 6 A.M., January 1st, 1878; at 11 A.M. he had a convulsion, and up to this writing, January 4th, 1879, he has not had a convulsion, and for eight months has been following his occupation, as a miner. The only point I wish to make and impress is, that the same medicine given three times daily after meals failed, whereas when given at regularly divided intervals through the twenty-four hours they succeeded.

Hazleton, Pa. I. R. CASSELBERRY, M.D.

The Gynecological Wire Loop.

ED. MED. AND SURG. REPORTER:—

I wish to call the attention of the medical profession to a gynecological instrument of my invention, which I call the gynecological wire loop, uterine tractor, for seizing and bringing forward the mouth of a much enlarged uterus, when it is very far down and far back in a narrow, deep, virgin vagina.

The loop may be made of any wire, nickel plated, and of any size desirable, from an inch to an inch and half in diameter, and the point bent a very little up, so as the more readily to seize the os. The whole length of the instrument may be some ten or twelve inches. The above instrument I think much better than the hook, in many cases. N. L. FOLSOM, M.D.

Portsmouth, N. H., January, 1879.

NEWS AND MISCELLANY.

Report of the Board of Experts Who Have Been Investigating the Yellow Fever Epidemic.

The Board of Experts, authorized by Congress to investigate the yellow fever epidemic of 1878, submitted their report to the joint Congressional committee at its meeting on Jan. 31st. After stating that their investigation has been incomplete because of the urgent demands for public health legislation during the present session of Congress, the report says: "The board is unanimous in the opinion that the investigation of the late epidemic should be completed, and that the study of the natural history of yellow fever should be systematically pursued, and especially that the inquiries should embrace the perpetually infected parts of the West Indies, whose fields give greatest promise of practical results as the reward of faithful scientific inquiry." It is accordingly recommended that two or three skilled experts be charged with the completion of the study of the late epidemic, which can be concluded in a few months, and that at least two such experts be authorized to proceed to the West Indies, there to make a more thorough study of yellow fever than has ever yet been undertaken, and that they be accompanied by an experienced microscopist. It is further recommended that the necessary steps be taken by Congress to secure the co-operation of the Spanish and other foreign governments, through an international commission or otherwise, in an earnest effort to ascertain the cause or causes which perpetuate the yellow fever from year to year in the West India Islands, and to devise ways to remove the cause or causes, or to lessen the chances of transporting the poison to the United States or other countries.

The report further recommends the establishment of a thorough quarantine system through the appointment of two classes of medical officers—first, medical officers of health to serve in foreign ports from which we receive importations of yellow fever and cholera; secondly, medical officers of health to have charge of quarantine stations and to supervise inter-State travel and traffic from infected places in times of epidemic. These two classes of medical officers are considered indispensable to any method of quarantine which does not involve complete suspension of intercourse with infected parts. The board regards it especially important that the selection of these officers should be made from men skilled in medicine and sanitary science, as the success of any modified quarantine scheme depends almost entirely upon the competency and fidelity of its medical officers. It is also deemed of great importance that the means may be provided by Congress for obtaining trustworthy information by telegraph in respect to the outbreak and progress of cholera, yellow fever and other epidemic diseases in all parts of the world, and the departure of vessels from infected ports bound for ports in the United States. The diffusion of trustworthy information representing the existence and progress of preventable diseases at home and abroad should be encouraged as tending to avert the evils of panic and to promote measures of prevention. The carrying into effect of an efficient system of quarantine contemplates a central authority, so organized as to gain strength from and give strength to State and municipal health organizations, and the report recommends the establishment of an advisory board of health, to be composed of men eminent in sanitary matters, who, together with the chief officer of the Health Department, shall frame all needful rules and regulations for carrying into effect, subject to the approval of the President, such national public health laws as may be enacted.

The board dwell at considerable length upon the origin, cause and distinctive features of yellow fever, and say that it is a specific disease and is produced by the introduction into the human organism of a specific poison. The specific poison of yellow fever has never been chemically or microscopically demonstrated, nor in any way made evident to the human senses. Nevertheless, we hold that it is safe to assume that it is material and particulate, and endowed with the ordinary properties and subject to the ordinary laws of material substances.

—There are more than sixty American medical students in Vienna this year. One of these is a lady.

Personal.

—The venerable Professors, Fauvel and Noel Gueneau de Mussy have been retired from the Hôtel Dieu at Paris, having reached the limit of age allowed by law.

—Professor Billroth has performed the operation of œsophagotomy again, with the hope of lengthening the life of a man suffering from stricture of the œsophagus. This is the fifth occasion, we understand; and the success is encouraging, considering the great benefits the operation has been able to afford more than once.

—French medicine has just sustained a highly regretable loss in the person of Antoine Pierre Ernest Bazin, formerly physician to the St. Louis Hospital, who attached a seal of originality to his investigations in dermatology, and created a generation of faithful disciples. His views on the syphilides, and still more his doctrine of the arthritides, are those which excited most attention, revealing as they did a talent both for observation and generalization.

—Professor Brown-Séquard began his course of lectures on Physiology in December, at the Collége de France. In his opening address he made known the subject which it was his intention to treat. He proposed to combat all the doctrines which are actually received upon the physiology of the brain, and especially those which have reference to cerebral localization. He would study the mode of action of the brain upon the spinal cord, and discuss the question whether it is right to admit the existence of two brains or one only. He would then review all the lesions of the brain which are capable of producing physiological or morbid phenomena.

Smallpox in Brazil.

South America is having an epidemic of smallpox, which threatens to cause as much suffering as the yellow fever did in the South, or as the plague is now creating in Eastern Europe. Intelligence is at hand giving information of the ravages of the disease in some parts of Brazil. In the city of Ceara there were 11,075 deaths in October, 9844 in November, and 17,391 from December 1 to 11. In the latter part of December the death rate was 900 a day. There is also a famine, and until the latter part of December, when the neighboring provinces sent pecuniary assistance, people were dying off of starvation, having neither water nor grain. The population of Ceara, according to estimates based upon the last census, is less than 40,000, but it has been much swollen since the famine began, when people from the interior began to flock there.

The Medical Staff of the Russian Army.

The Russian *Medical Gazette* states that in 1876 the strength of the medical staff of the Russian army was 2300. In the course of that year 120 medical men were added to the staff; in the course of the next year(1877) the additions were 900; and in the following year (1878) 750. The maximum number of medical men attached to the army during the last war was 4000.

Notes on Health Resorts.

The number of visitors to Florida this winter is less than usual. Cold of an unusual degree of severity was experienced the last of December, and it was feared the orange groves above Jacksonville have suffered. Serious complaints continue to be made of the hotel accommodations, except at three or four points.

Santa Barbara and Southern California have also experienced unusually cold and variable weather. A physician who recently returned from spending a year in that region tells us that the most correct description of the health advantages of that climate he has ever read was that by the late Dr. Ralph N. Townsend, published in the Reporter, two years ago.

The celebrated Swiss resort, Davos am platz, 5200 feet above sea level, has had an unfavorable winter so far. The *Föhn* or south wind has blown in an unprecedented manner, melting the snow and producing an unusual amount of rain and dampness. There were, at Christmas, 180 Americans and English there, one-half of whom were consumptives.

OBITUARY NOTICES.

Dr. John B. Biddle.

Hall of Jefferson Medical College,
Philadelphia, January 20th, 1879.

At a meeting of the Faculty, held this day, the death of Dr. John B. Biddle, Professor of Therapeutics and Materia Medica, and Dean of the Faculty, was announced, whereupon, the following was ordered to be entered upon the minutes of the Faculty:—

"The Faculty of Jefferson Medical College find themselves plunged into the deepest sorrow by the death of their fellow-member, Dr. John B. Biddle. Professor of Therapeutics and Materia Medica and Dean of their body, which occurred on the evening of the 19th instant. As a friend, they feel sadly the void thus created, and mourn over the departure of a greatly loved companion. Endeared to them by his noble qualities of head and heart; as their colleague and executive officer, they realize the irreparable loss of a sound and sagacious thinker, an able and successful teacher, and a faithful, experienced and judicious executive, whose untiring zeal and earnest labors in his own department, and for the school at large, have contributed so much to maintain the usefulness and advance the reputation of Jefferson Medical College.

"The Faculty feel that words are inadequate to express their sense of this bereavement, but desire to make record of the estimate in which they held the deceased, whose memory they will ever cherish with sincerest affection.

"They desire to convey to his sorrow-stricken family their warmest sympathy, trusting that in the knowledge they have of the esteem in which he was held in the community, and the love which was borne him by all his co-laborers and friends, and, that he has left them in the assurance of a Christian faith for that larger life which is eternal, they find comfort and consolation.

"*Resolved*, That a copy of this testimonial of

the Faculty be transmitted to the family of Dr. Biddle, and also to the honorable Board of Trustees, and that the Faculty will attend his funeral in a body.

"ELLERSLIE WALLACE, Dean."

Resolutions of respect were also passed by the Board of Inspectors of the Philadelphia County Prison, of which Dr. Biddle was President.

Dr. Nathan Mitchell.

Died at his home in Colon, St. Joseph county, Michigan, January 26th, in the seventy-first year of his age. He was born November 27th, 1808, in the town of Calais, Washington county, State of Vermont; his father being a farmer, he was early trained to agricultural pursuits, which he followed until he became of age, securing at the same time more than an average education from the limited educational advantages of those days. He immediately commenced the study of medicine, and in 1830 entered the Middleburg Medical College, and graduated in 1834. Starting immediately for the far west, as it was considered in those times, he located in Trumbull, Ashtabula county, Ohio, and practiced his profession successfully in that place for five years. In 1839 he came to Michigan, and located in Colon, St. Joseph county, where he has been ever since. Commencing as he did with the early settlers, he has shared all the changes of a new country with them, and for forty years has been a faithful physician to the people, riding far and near in an early day, to relieve suffering, and ofttimes without money and without price.

About two years ago a cancer made its appearance on his lip, and has steadily progressed, destroying all the lower portion of the face, gums, jaw, and neighboring ganglions.

Dr. Tardieu.

The eminent Dr. Tardieu, of Paris, died last month. Not a few remarkable works on pathological and clinical medicine has the world to thank this great mind for, the latest of which, bearing the date 1879, is entitled "*Etudes Medico-Legal sur les Blessures.*" Tardieu was, perhaps, best known for his "*Dictionnaire Hygiéne Publique,*" and also for his celebrated *brochure* "*Etudes Medico-Legal sur les Attentats aux Mœurs,*" which in a short space of time has been through seven editions, and is, so far as we are aware, the only scientific treatise ever written on this subject.

Dr. S. H. Shannon,

A graduate of Jefferson Medical College, of the class of 1836, died at Schuylkill Haven, Jan. 17th, after a lingering illness. He was born at Shannonville, Pa., in 1814. The deceased had a varied and extensive practice of forty years, which gave him a position as a skillful practitioner. He was one of the largest property holders in the county. Dr. Shannon was a friend and benefactor to the poor, to whom his services were dispensed with liberality, and who will have occasion to deeply mourn his loss.

—Malarial disease is reported, on official authority, to have decreased in New York since 1872, although the popular belief is that such disorders are constantly increasing. The Sanitary Inspector of the Board of Health remarks, in a report to that body, that the virulence of malaria noticeable prior to 1872 has been much modified of late years.

QUERIES AND REPLIES.

Dr. J. E. G., of Wis.—The sub-chloride of bismuth, or the precipitated carbonate of zinc, tinted with carmine to a flesh color, and diluted to the consistence of cream, would be an appropriate mixture to conceal tattoo marks.

Dr. A., Ala.—"Does the American Medical Association sanction the making of contracts with families by physicians?"

Ans.—No direct sanction has been given this practice. It has been left to the discretion of members and the varying demand of circumstances. The general sentiment is averse to such contracts.

Dr. V. V.—"Is it a violation of the code to publish a post-mortem case in the daily journals, stating the physicians present, etc.?"

Ans.—An officer of the American Medical Association informs us that such a procedure is not in violation of the code; but that it meets with general disapproval of the members.

MARRIAGES.

BRENNISHOLTZ — HOLLINBERGER.—December 25th, by Rev. J. H. Stewart, Dr. A. K. Brennisholtz and Annie Hollenberger, all of Greencastle, Pa.

CAWLEY—CLAUSER.—On December 31st, 1878, by Rev. E. J. Fogel, Dr. J. Irving Cawley, of Allentown, Pa., and Miss Annie M., daughter of Joel Clauser, Esq., of Ballietsville, Pa

ERWIN—SLEEPER.—In North Troy, Vt. January 1st, by Rev. G. H. Parker, A. F. Erwin, M.D., and Ella E. Sleeper, both of Newport, Vt.

GAYDEN—PERKINS.—At the residence of the bride's father, on the 26th of December, 1878, by Rev. Thomas Lansdell, Dr. Agrippa Gayden and Miss M. O. Perkins, both of E. Feliciana, La.

LUDLOW—CARNOCHAN.—On Thursday, January 16th, at Grace Church, New York, by the Rev. Henry C. Potter, D.D., assisted by Rev. J. Breckenridge Gibson, D.D., and Rev. J. C. Tebbetts, Thomas W. Ludlow and Harriet Frances, daughter of Dr. J. M. Carnochan.

SAYRE—POMEROY.—On Wednesday, January 15th, at St. Thomas' Church, New York, by Rev. Dr. Morgan, assisted by the Rev. Henry C. Potter, of Grace Church, Lewis Hall Sayre, M.D., and Alice, only daughter of William L. Pomeroy.

DEATHS.

ALDEN.—In New York, on Sunday, January 19th, Mary Lincoln, daughter of Dr. Charles and Kate Lincoln Alden, in the 7th year of her age.

BAYLOR.—In Denver, Colorado, on January 13th, 1879, Dr. John C. Baylor, of Norfolk, Va.

BENEDICT.—At Yonkers, N. Y., Sunday, 19th ult., of scarlet fever, William Newell, son of Dr. A. C. and Irene Newell Benedict.

BIDDLE.—In Philadelphia, on the evening of Sunday, January 19th, Dr. John B. Biddle, in the sixty-fifth year of his age.

EAKINS.—Dr. F. R. Eakins, of Macon, Ill., of cancer of the stomach, January 27th, 1879.

WHITE.—January 8th, at 5 o'clock, P.M., Dr. John White, in his 86th year.

WILLIAMS.—On the 15th ult., Agnes, wife of Dr. W. Williams, and daughter of John J. and Rachel S. Rowan.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Communications.

THOUGHTS ON MIDWIFERY, No. 3.

BY HIRAM CORSON, M.D.,
Of Conshohocken, Pa.

After the close of the discussion on the topics named in my former papers, Dr. H. P. C. Wilson, of Baltimore, related a case of labor followed by hemorrhage. "The labor was normal and no necessity existed for interference, but, at the earnest solicitation of the woman, small doses of chloroform were given, so that consciousness was destroyed just before the birth of the child. The uterus was grasped and made to follow the child, so as to secure expulsion of the placenta and guard against hemorrhage." While the doctor tied the cord, the nurse held the contracted uterus, but as soon as the child was removed the doctor's hand again took charge of the uterus. "The placenta was easily taken away, and though up to that time no hemorrhage had occurred, in a few seconds after blood deluged the bed and ran down upon the floor." And now the doctor flew to the rescue of his patient; one hand, carrying a piece of ice, was pushed into the womb while the other continued its grasp on the abdomen; the womb contracted, pushed the hand and clots out, and all seemed well. Ergot was then given, but in a few minutes the uterus was again enlarged; again the hand and ice were used, with like result, and so on it went, despite ergot (by the mouth, rectum, and hypodermically), and both hands, two times more, all within a very short time; but as the woman's pulse was then frequent and feeble, he again passed his hand for the fifth time into the uterus, and used his finger nails as a curette, thoroughly "raking" the placental surface, and the hand was expelled. A second raking was, however, given it in a few minutes, because the relaxation of the os and cervix permitted the hand to be pushed in to the womb. "She did not lose a teaspoonful of blood after the first raking." "From his experience in this single case, he said he should, in a future case, where prompt contraction could not be produced, *immediately* use his hand as a curette to the placental surface." He did not think the hemorrhage was due to the use of chloroform, for "in twenty-eight years, though using it in nearly every case, he had only two cases of troublesome post-partum hemorrhages." There was no discussion on this subject then, and I will pass it for the present, to notice the next paper, by Prof. R. A. F. Penrose, of Philadelphia. Allow me to quote somewhat at length from the report of the meeting published in the October No. of the *American Journal of Obstetrics*, edited by Paul F. Mundé, M.D. "The author first spoke of the 'appalling character' of such a hemorrhage, and the necessity for instant and efficient treatment. It was in these cases that knowledge meant life and want of knowledge meant death to the sufferer. A prompt and intelligent treatment he regarded invariably successful." Let us not forget this last sentence; we may have occasion to call it up again. "The most powerful predisposing cause of hemorrhage was a peculiar idiosyncrasy of the woman, which gave rise to a peculiar flaccidity of the uterus; a treatment which would cure one case might be useless in the treatment of another." Dr. Penrose then reviewed the ordinary treatment by cold, injections of warm water to wash out the uterus, injec-

tions of persalts of iron, or tincture of iodine, actual cautery, friction over abdomen, etc. The actual cautery was, he said, the most certain to excite the uterus to contract, but was not allowable, because of the danger to the woman's life; the injection of the persalts of iron, too, was efficient, but the same objection to their use came up, "as their action sometimes resembled that of the red-hot poker;" and the tincture of iodine was seldom at hand. The great desideratum was some remedy accessible, of easy application and efficient, and not likely to produce injurious after-effects, and this he was pleased to say he had found in *common vinegar*. It presented the following advantages:—

"1. It could be easily obtained, easily and instantly applied, and without special apparatus.

"2. It always cured the hemorrhage; or rather, it had never failed in his practice.

"3. It was sufficiently irritating to excite the most sluggish uterus to contraction, and yet not so irritating as to be subsequently injurious.

"4. It was an admirable antiseptic.

"5. It acted on the lining membrane of the uterus as an astringent.

"The remedy was applied as follows: saturate a rag with vinegar, carry it into the cavity of the uterus and squeeze it. In most cases the bleeding ceased as if by magic. But if it should fail he would resort to a solution of the persalts of iron, *though aware that the patient would be placed in a dangerous position from its use.* He believed the salts of iron were seldom or never to be employed for the arrest of post-partum hemorrhage."* Such are the opinions of Prof. Penrose, and as they will go abroad over the whole land, influencing the opinions and giving character to the practice of thousands of practitioners, it may be useful to scan them closely. There was considerable discussion by members. All agreed that uterine inertia was the cause of the hemorrhage, and uterine contraction the only preventive of it. The vinegar was not regarded with great favor, save by Dr. White, of Buffalo, who "was surprised that it had not occurred to him to use it in this difficulty, as he had for many years used it to arrest hemorrhage when operating about the uterus and vagina." Dr. Thomas, of New York, could see no specific action in vinegar, or iron, or iodine, or alcohol, or hot water; they were only local irritants, and his inquiry "whether the uterine inertia was primary or secondary," was most timely, and should have received more attention. He thought, if well managed, the uterus would almost always contract. Dr. Lyman, of Boston, and Dr. Atlee, of Lancaster, Pa., passed by the vinegar and depended on introduction of the hand. Dr. Albert H. Smith, of Philadelphia, made a few excellent remarks; they were to the point and from positive convictions. "If the uterus was empty it would contract, and if it contracted hemorrhage would cease." To prevent hemorrhage he had for ten years used hot water *in all his cases*, and had come to look upon water at 110° Fahrenheit and a vaginal syringe as an indispensable part of the obstetric armamentarium." He favored turning out clots by the hand. Dr. Campbell, of Georgia, had practiced raising the lower end of the bed, turning out the clots, and using ice on the abdomen and in the vagina. Was favorable to iodine. Dr. Engleman, of St. Louis, used the iron by saturating cotton with it and then carrying it into the womb; "relied on it;" had seen no bad symptoms follow its use. Dr. James Trask, of Long Island, referred to cases where iron had caused death. He always had iodine with him, for use if needed. Dr. Bozeman, of New York, "would have ice in one hand, on the abdomen, while the other was clearing out the uterus; and during all this time the uterus should be firmly grasped, as a surgeon would grasp the femoral artery in secondary hemorrhage." Dr. James Chadwick, of Boston, thought the perchloride of iron dangerous; in one of his patients death followed its use. Dr. Barker thought that if other usual remedies failed, there was no method so good as the introduction of the hand. Dr. Wilson, of Baltimore, had never used iron; "he relied on the hand as the best therapeutic agent."

Here we have the measures resorted to by these eminent men, several of whom are teachers, and we may, therefore, regard them as the best means of safety at our command. And now, what are they? First, in all cases, pressure on the abdomen—and that at once, whether there was hemorrhage or not; or hot water injection, as a preventive; or iron solutions; or iodine; or turning out the clots by the use of the hand, to which, by Dr. Wilson, is added scratching or raking that part of the womb where the placenta had been attached, by the finger nails. Throwing all these aside, Dr. Penrose relies on the mere introduction of a rag wet with vinegar—and he desires us to regard the presence of the vinegar, not the presence of the hand, as the efficient agent in producing contraction; he and some of the others regard the persalts of iron as dangerous to life, and yet, he says, he would use them—not if all other safe means failed, but—if the vinegar should fail. Is not this unsafe teaching

* pp. 866, 867, Trans. Am. Gynecological Soc.

to the students who listen to him this winter? Shall they go forth to practice instructed, in the event of hemorrhage continuing after the failure to arrest it by "a rag wet with vinegar," to resort at once to a means the action of which he has said "sometimes resembled that of the red-hot poker?" Are there no other means which might follow the vinegar failure? The young man has failed to arrest it by vinegar—which, as already declared by Dr. J. G. Thomas, has no specific action—and then, by direction of his teacher, resorts at once to a remedy which the same teacher has declared is dangerous, sometimes acting like the red-hot poker. Where are the remedies and resources which proved efficient in the hands of Burns and James, 60 years ago, and continued to be a successful treatment in the hands of Dewees, who impressed them on the minds of his class in the University of Pennsylvania half a century since? means which have proved as efficient, too, in the hands of their pupils, during the years from that time to the present, as ever human means have been in any disease. Has Dr. Penrose forgotten those means?—or proved their inefficiency? Or are they ignored, that a new remedy may be introduced which shall be hereafter closely associated in the minds of the profession with the name of its discoverer? The inference is that he believes them valueless, for so conscientious a physician would not wantonly reject any means which gave promise of success; nor would he, occupying the position that he does, discredit the teachings of his eminent predecessors in the Chair of Obstetrics—Professors James, Dewees and Hodge. Have we improved on the teachings and practice of these physicians? was there a single *safe* remedy spoken of in the recent meeting that was not used by them? Burns, to produce contraction of the womb, and thus arrest flooding, used "friction and slight pressure on the belly over the womb; also ice or sudden dashes of cold water on the bare abdomen; and carried a sponge with cold water into the womb by the hand, and even ice itself, with 'happy effects.'" But, he says, "In general, however, the external application of cold will be sufficient to save the patient, and I have never known bad consequences to result from it." In a foot note at page 506 of his Principles of Midwifery, published in 1823, he refers to Saxtorph's injections of vinegar and cold water, and to Pasta's use, in the same way, of "alcohol and acids, to cauterize, as it were, the mouths of the uterine vessels, which cannot fail to cause inflammation." And on page 507, in a foot note, he refers to what he calls "a novel mode of restraining hemorrhage," by carrying a lemon which has been deprived of its skin, so as to expose its cells, into the cavity of the womb, and then, when the uterus begins to contract by reason of the presence of the hand, the lemon must be suddenly squeezed, so as to squirt the juice on to the lining membrane of the womb. Here we see that the introduction of the hand, the friction and pressure on the abdomen, the use of cold water and ice internally and externally, and even the use of the lemon (now so frequently spoken of by young graduates as Dr. Penrose's remedy) and vinegar, were all in use by others and published by Prof. Burns sixty years ago.

Professors James and Dewees, when lecturing to their pupils, fifty years ago, spoke earnestly on this subject, but did not frighten them by exaggerated accounts of the danger of hemorrhage. Dr. Dewees, in his Midwifery, says, "It is necessary, in this hemorrhage, that the uterus should contract before it can possibly be arrested, and here, in uterine hemorrhage, I rest my great dependence upon abdominal frictions, the acetate of lead, ergot, cold applications, etc." It was my fortune to hear both those eminent men impress on the minds of their pupils the importance of friction and light pressure, and grasping of the abdomen, to excite the uterus to action—but never that continued, unremitted, heavy pressure now so much in vogue. Dr. Dewees, when speaking of the concealed hemorrhage, says, "the hand must be introduced into the uterus and the coagula suffered gradually to escape, while the uterus is gently stimulated by the hand passing cautiously over its surface, and when it is found to contract upon it, it may be slowly withdrawn." What caution and gentleness are here inculcated, and how confident he is of success. Such teaching produced no alarm in the minds of his pupils. He saw no "appalling" danger. Long and successful experience had shown him that death from hemorrhage would be a very rare thing, even if the patient were without medical aid. Dr. Hodge, too, when teaching the pupils of the University of Pa., depended on like means. If *he* had believed that the injection of the solution of any substance—iron, or iodine, or any other thing—was dangerous; that it was in its action "somewhat like the red-hot poker," would he have recommended its use, without first resorting to those other means which had always proved successful in the hands of his predecessors, and had never failed in his own? Those eminent men, Burns, James, Dewees and Hodge, were not ignorant in relation to the use of vinegar in

uterine hemorrhage. It had been used, tried effectually, too, not by rubbing a rag wet with it on the surface of a womb so covered with blood that it could not even touch the lining membrane, but, by injection; washing it out, so that the vinegar could touch and stimulate the whole surface. But, though they knew of this treatment, they did not recommend it; they had other safe means at hand.

What were the means used by physicians throughout our State during the forty years preceding the last ten years—for during the last ten the obstetrical art has assumed a new phase—and were they successful? They were those taught by the teachers in the great Philadelphia Colleges: frictions on the abdomen, ergot, removal of clots by introduction of the hand, and repeating this, if needful, again and again; cold applied to the abdomen, or cold water poured from a height on the bare body, in bad cases. In some cases quinine or laudanum, or both. And were these means successful? Almost invariably so. And here let me say that, though flooding after the birth of the child is sometimes alarming, it is never fatal under the care of an intelligent physician, who is not "in a hurry." It is not even a common occurrence where a labor is allowed to go through its first and second stages without interference. As proof of this, even Dr. Wilson, of Baltimore, who opened the subject by the report of a bad case, but which he cured by "raking" the placental surface with his finger nail, stated that, "in an experience of twenty-eight years, he had had only two cases of troublesome post-partum hemorrhage." Only two troublesome cases! Not one fatal one, we infer. There could not have been anything very "appalling" about them. But how has it been with other practitioners? What can they say? I recently inquired of a few physicians who happened to fall in my way—Dr. Traill Green, of Easton, Pa., long time in practice; Dr. John T. Carpenter, of Pottsville; Dr. Nutt, of Williamsport—several physicians, members of the Montgomery County Medical Society, who have been in extensive practice from twenty to forty years—and not one of them had ever lost a case from post-partum hemorrhage. Indeed, I have, thus far, not found one man to report a single fatal case. Some years ago a physician in Philadelphia, who had been sixteen years in a heavy obstetric practice, said he had never lost a single puerperal woman; and Dr. Green informed me, but yesterday, that a former practitioner of Easton, who continued practice until he arrived at a great age, told him that he had never used the forceps, and never lost a woman in labor. Of my own fifty years' experience I will not now speak.

Is uterine hemorrhage more frequent and more dangerous now than it was twenty or fifteen years ago? If not, why so much alarm sounded in the ears of students? Why are they so strongly urged, in order to prevent its occurrence, to deliver the placenta as quickly as possible after the child has come away; to make pressure, without intermission, over the womb, in all cases; to stay with the woman, not only an hour or two, but, as recommended by Dr. T. G. Thomas, from one to twelve hours; to flood the womb after every labor with water at the temperature of 110° Fahrenheit; to have ice and iodine, lemons and solution of salts of iron, a vaginal syringe and a cruet of vinegar on the table by the bedside? These things do not seem to be necessary if in twenty-eight years an obstetrician like Dr. Wilson, practicing in a great city like Baltimore, never had but two cases that were even troublesome; not one that was alarming save the last—and there he needed, to relieve it, only his finger nails; why then use pressure and friction, and injections of warm water, *in every case?* Why thus alarm the woman and the attendants, who see this fear and anxiety on the doctor's face, and in his hurried and vigilant manner?

If dangerous hemorrhages are more common now than formerly, and I fear they are, and if the hemorrhage depends on uterine inertia, as the assembled gynecologists decided, then what is the cause of that inertia?

The length of this paper compels me to defer thoughts on this subject until you have room for another paper.

THE PHYSIOLOGICAL CURE OF HEMORRHOIDS.

BY J. T. EVERETT, M.D.,
Of Sterling, Illinois.

The first ten cases are not reported to illustrate any originality of treatment, but to contrast the results with those of more recent dates. The vein walls are composed of three coats, an inner epithelial, a middle fibrous and an outer areolar coat. In the hemorrhoidal plexus, this middle coat, from the constant force brought to bear upon it by the column of blood which it has to return into the vena cava, becomes thickened and almost muscular in appearance. The accidental discovery of this semi-muscular condition led me to make an extended examination of various specimens of vein walls from the hemorrhoidal plexus, and the result was, that in a great majority of the cases of chronic piles this condition of things prevailed.

The establishment of this rule suggested the hypodermic use of ergot to produce contractions and absorption of adventitious tissue; on the same principle as we would use the same agent in fibroids; the physiological cure seeming to be much preferable to the radical treatment by caustics, the ligature or the ecraseur.

The result is manifest in the symptoms and course of the following cases:—

Case 1.—C. C. G., aged 48, had been afflicted with piles for several years; had tried all the ointments and pile cures extant. Found projecting, externally, a tumor the size of a hen's egg. With hypodermic syringe punctured three of the most prominent lobes, and threw into each 5m tr. ferri chloridi. The pain was agonizing for some hours, producing considerable nervous shock.

Upon the third day the sloughs came off, leaving a healthy granulation, which healed kindly, leaving a broad cicatrix with great induration in surrounding tissues.

Case 2.—Mrs. A. M. consulted me with reference to a hemorrhoidal trouble induced by retroversion. This was first remedied in the usual manner; then four of the most prominent hemorrhoidal lobes were each treated with 5m injections of half strength tr. ferri chloridi. Pain not as intense as in Case 1. Slight nervous shock and prostration; patient confined to her bed for some days; the blackened, shriveled tumors dropping off on the sixth day, leaving granulating ulcer which healed slowly. One week afterward two internal lobes were exposed and treated in the same manner, with less satisfactory results, taking six weeks for them to heal.

Case 3.—C. H. W., laboring under an acute attack of hemorrhoids. Gave hypodermic injection of 5m of a solution of equal parts of tr. ferri chlor. and aqueous ergot. In this case the pain was extremely intense for about six hours, accompanied by extreme nervous shock, with rigors, followed by high fever. These symptoms responded to morphia and quinine, and after three or four days convalescence followed, with no untoward symptoms.

Case 4.—C. N. R. consulted me July 30th, 1874, in reference to troublesome hemorrhoids which had been annoying him for some time. Injected five lobes of the vein with equal parts tr. ferri chloridi and aqueous ergot, but the pain was so intense and the shock so alarming that I despaired of making a reputation as a pile doctor with this remedy. The internal lobes were next treated with pure tr. ferri chlor., under anæsthesia, with satisfactory results.

Case 5.—May 21st, 1875, S. B., troubled for years with both internal and external hemorrhoids, which I had treated in 1874 with good result; again returned with exaggeration of trouble. Treated the two larger lobes with elastic ligature, with good effect upon the tumors, but the patient was confined to his room for twelve days.

Case 6.—M. S. H. had been troubled with bleeding piles for twenty years; attempted first to destroy the protrusion with galvano-cautery, but the battery being deficient in power it only coagulated the external tissue; then injected equal parts of glycerine and carbolic acid into three of the most prominent tumors, in doses of 5m each; the tumors turned white immediately upon the introduction of the liquid and the slough came off upon the fourth day, leaving a clean ulcer, which healed quickly. The upper lobes were now brought down and treated in a similar way, with but little comparative pain, no shock, no chill.

Case 7.—June 30th, 1876, S. M. Treated seven lobes of protruding hemorrhoids at three sittings, with the carbolated oil; pain sharp at first, but in a few seconds subsiding; patient around most of the time ad interim; recovery perfect.

Cases 8, 9 and 10 were treated in the same manner, with like results, the pain not being severe and only continuing for a short time, and a healthy slough following, leaving, upon recovery, in every case, a hard cicatrix, which I did not like, as it had the appearance of a bungle.

Case 11.—In this case I decided to use ergot instead of carbolated oil, therefore threw 5m solution aqueous extract of ergot into the four most prominent lobes of the vein. The pain at first was sharp and burning, but this subsided in a few minutes, and after the lapse of 20 or 30 minutes there was set up a sensation of constriction in the parts, which continued for several hours. Upon the patient's presenting himself the next day the injected lobes presented the appearance of a blackened mass, hard and dense, and contracted to one-half its original size. There was no systemic disturbance whatever, and only a disagreeable sensation of constriction in the parts. There was no sloughing, and the tumors gradually subsided until they disappeared entirely, and the other lobes were much lessened in size. Upon the tenth day three of the remaining lobes were injected, with a similar result.

Case 12.—S. G.; was treated by my partner, Dr. S. W. Gillespie, in the same manner, with even better success than in my case, the patient,

a house carpenter, going to work the day following upon a building, and experiencing no difficulty; three lobes were injected at the first and only sitting, and a perfect cure resulted.

Case 13.—H. B. F., farmer, Aug. 14. This being quite an exaggerated case, we determined to try (as we had a plenty of material) the different kinds of injection and compare results: Therefore, injected three lobes with tr. ferri chlor. gtts. 3–5 in each lobe; pain marked, and shock great, and as patient was very nervous, gave an opiate and applied an opiate ointment; on the fifth day patient returned; injected an equal amount of tr. ergot and tr. ferri. chlor. This produced agonizing pains which were very persistent, but they finally subsided under the influence of the electric current. Upon the third visit, the patient, having a wholesome respect for our treatment, desired an anæsthetic, which was accordingly given, and three more of the lobes injected with carbolated glycerine in equal parts. Upon recovering from the anæsthesia there was no pain and but little soreness followed, until the second day, when the ulcer came off; this healed more readily than the results of the other two treatments. One week from this time patient returned and we anæsthetized and injected four tumors with fl. ext. ergot. The pain commenced some hours after treatment and persisted for some time, but no ulceration followed.

Case 14.—M. L. B., female; retroversion. After correcting the uterine pathology, the hemorrhoids, four in number, were injected with fl. ext. ergot, with the happiest result; no slough, no shock, and but slight pain, except the heavy, dragging sensation in the rectal region, which gave but little trouble.

Case 15.—L. M., female; retroversion severe. Injected two lobes of the vein with 5ɱ aqueous ergot, replacing the retroverted uterus. Pain heavy and dragging for three or four days, since which time all pain has disappeared. Shall now proceed to the treatment of the version, which I hope to remedy without further trouble from the piles. Not since fully recovered.

Case 16.—S. M., female; no uterine displacement. Treated two external lobes of hemorrhoids, and three internal, with aqueous ergot, with the happiest results. Sharp pain at time of injection, and heavy, bearing-down pain in rectal region. Radical cure, with no sloughing.

Case 17.—E. K., female; three lobes of protruding hemorrhoids treated at one sitting by injecting aqueous ergot. Sharp pain at time, which soon disappeared, and entire recovery followed.

Cases 18, 19 and 20 are simply a repetition of the previous ones, with like favorable results.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROFESSOR DA COSTA, FEB. 1, 1879.

REPORTED BY FRANK WOODBURY, M.D.

Gentlemen:—I shall first show, this morning, a few cases illustrating the treatment of diseases that you will more frequently encounter in practice, before bringing before you, as I intend to do presently, one or two cases of disorder of the nervous system, for clinical study, that will require more careful analysis and extended discussion.

Chronic Pleurisy with Effusion. The Question of Aspiration Influenced by Lung Complication.

John D., 39 years of age. This man has been in the ward for some time. The history of the case is that of an acute lung trouble, following exposure on the wreck of the steamer Metropolis, February 2d, 1878. When I first saw him, in November last, I found that there was evidence of old-standing pleurisy, with some effusion on the right side, complicated with commencing abscess in the upper part of the lung. Subsequently the signs of pleuritic effusion developed themselves more decidedly; while the absence of vocal fremitus, and of respiratory sounds, at the lower part of the right chest, with a line of dullness nearly on a level with the spine of the scapula, made it evident that the pleural sac now contained a very considerable amount of fluid. In the compressed lung, above the line of effusion, there was jerking inspiration, prolonged and harsh expiration, and a few crepitant râles; the percussion note was of a higher pitch than normal. At the left apex there was moderate dullness posteriorly, and expiration was also prolonged and high pitched, but the base of the left chest was clear on percussion, although auscultation again revealed exaggerated breathing and blowing expiration. He had considerable mucous expectoration, and coughed very much during the day, and also at night.

The question presented itself to our minds, should we introduce a hollow needle into the base of the chest and withdraw this fluid by pneumatic aspiration? Upon thinking the case over, as there was strong evidence of pneumonic phthisis in the lung itself (although masked by effusion), and finding, moreover, that there was no marked irritative fever, and no other good reason existed for supposing that the chest was full of pus, I decided to wait, and in the meantime try what advantage could be gained by medical treatment alone. The latent phthisis, and the want of actual knowledge that the effusion had become purulent, made me deem it more desirable to remove it by medical means if possible, rather than by a surgical procedure; I therefore decided not to tap him, and the result has justified this conclusion.

Listening to the heart I find a soft systolic murmur, modifying the first sound, which is heard most distinctly at the base of the heart to the left

of the sternum. It is a blood murmur, and not organic. There is still dullness at the lower part of the right side, but it is very low down; for I can hear the transmitted voice everywhere except at the very lowest part of the chest; the vocal fremitus has also been restored. Another evidence of the diminution of the effusion is perceived in the fine friction, which is now returning, and can again be heard at the base of the lung. The chest expands well, and respiration is heard in the area that was formerly dull, under the angle of the scapula. This is a very gratifying result. Two months ago his condition was a very different one. The large amount of fluid then existing has almost entirely passed away, while his general physical condition has greatly improved.

His treatment has been as follows:—

BASHAM'S MIXTURE.

R.	Tincturæ ferri chloridi,	℥x	
	Acidi acetici,	℥v	
	Alcoholis,	f. ʒss	
	Syrup.,	f. ʒj	
	Aquæ,	℥xlv	
	Liq.ammonii acetatis.	f. ʒiss.	M.

Given three or four times daily.

This is the formula of a diuretic that I often use, and which I have frequently referred to under the name of Basham's mixture, in prescribing for cases where I desired a tonic as well as a diuretic action. The patient has also had, occasionally, a Dover's powder, to keep up a gentle action of the skin, as well as for the object of relieving his cough. This internal treatment, with good diet and rest in bed, and the application of tincture of iodine to the chest, has given us these good results. It is evident that we should continue the treatment, as it agrees with him and he has received from it so much benefit. He shall take the mixture four times a day, and flying blisters shall be occasionally used over the affected lung. Keeping in mind the latent tubercular tendency, I shall also give him half-an-ounce of cod-liver oil, three times a day.

Of course it is no longer necessary to discuss the practicability of aspiration; this question has settled itself. This case teaches an important lesson: In cases of pleurisy, with effusion, when aspiration is under consideration, there can be no harm in waiting, if there are no urgent symptoms caused by pressure on the lung, and in the absence of irritative fever, furnishing evidence of the fluid becoming purulent; I would, therefore, lay down the following rule: *In regard to the time for the performance of aspiration, you are to be governed by the effect rather than by the time or amount of the effusion.* If we had been guided by the time in this case, we should have tapped the chest when I first saw him, for the effusion had then existed several months, and was increasing rather than diminishing.

This is one point. Another that I would like to direct your attention to is the mode of treatment by counter-irritation, and by Basham's mixture. Iron in this form is one of the best remedies that I can think of in chronic pleurisy, and from it I have had most favorable results in a number of cases. It produces no disturbance of digestion nor of the circulation, but, on the contrary, greatly aids the blood-making function.

The possibility of the tubercular complication was an additional reason for preferring medical to surgical means for removing the fluid in the present case; knowing that any active interference of the kind would be very apt to excite fresh deposit in the lung itself. When the effusion is thus removed, as a rule, it rapidly returns, but if absorbed under the action of diuretics the disease is less likely to re-appear. Moreover, I have noticed in several cases, that after aspiration, especially if it should be repeated several times, there is a tendency in the subsequently effused fluid to become purulent, forming empyema, with its attendant chills and hectic fever. This case will serve to show you that surgical methods should not be resorted to until you are certain that medical means will not answer, or unless the urgency is great, and the demand for immediate relief is imperative.

Typhoid Fever. Elements of Prognosis in Albuminuria, and the State of the Heart. Rational Treatment.

I will now bring before you a case of typhoid fever, and hope to show you that the interest in a case of typhoid fever does not cease with the diagnosis.

This patient, Henry F. B., 23 years of age, came into the Hospital Jan. 27th, 1879, with the statement that he had been well until the 23d of the month, when, following, as he thought, "some slight exposure," he had chilly sensations, followed by fever and great prostration. His bowels were rather loose, and he had several attacks of epistaxis. He came into the ward with symptoms of a continued fever, very like those of typhoid, and he complained of severe pains in his back. It was observed that his face was singularly flushed, and the skin was hot and dry; tongue coated. The temperature in the axilla was high (104½°), the pulse was 92, and the respirations 24 to the minute, respectively; and what was very significant, we found nothing in the lungs to account for this flushing of the face. Upon this point I intend to speak further, and shall presently return to it.

Upon examining the urine, after admission, it was found to contain granular, hyaline and epithelial casts, and a small amount of albumen. This examination of the urine has been repeated in the last few days, with identical result.

Now, gentlemen, the man during the short time intervening since his admission has remained in the condition that we have described, with some morning remissions in his fever and with marked evening exacerbations. A few bronchial râles were detected in his chest, but no dullness nor signs of consolidation. On the 28th he again had a profuse epistaxis, and on the same day an eruption of rose-colored spots appeared on the abdomen and chest. The fever persists, the belly becomes swollen; still he has no headache. Having given you these points in the case, which brings it up to this morning, I will examine him before you. His temperature last night was 103°, this morning 102½°. Since the 28th there has been very little difference between the evening and the morning tempera-

ture, not more than a degree, while the evening observation continues to be high. The fever shows a continued type, and the record corresponds with that of typhoid in its second week.

Notice the appearance of the patient's tongue. If you should want to select a characteristic typhoid fever tongue, there it is. Dry, cracked, red, devoid of coating at several points, clean at the edge, with a wedge of coating at the tip. I could never give you a better illustration of the dark, glazed, red tongue of typhoid fever than the one before you.

Turning to the abdomen, we find here the characteristic eruption, but, in truth, the most typical spots are on the sides of the chest rather than on the abdomen. They are small, rose-colored, slightly raised, and the color temporarily disappears upon touching them with the finger.

Some gurgling is elicited upon pressure, in the right iliac fossa, and there is a moderate amount of general abdominal distention. The bowels are now moved once daily, but in this connection it should be stated that on the day before yesterday he had four stools, and it was thought advisable to give him an opium suppository; since then his bowels have been regular. His diarrhœa, then, is easily held in check, for under the influence of one grain of opium, which was not repeated, he has now had only one movement in the twenty-four hours, for several days. You perceive that his face is still flushed, and you may also note that he has some harsh breathing in the lungs, with a few dry râles. He has no headache, and what I wish particularly to call your attention to is, that his intelligence is clear.

But one or two points more, and I will have finished what I wished to tell you to complete the clinical record. Examining the heart, I find that *the first sound is weak*, and the impulse is not strong; the second sound is distinct. The final point to which I will direct your attention before dismissing the case is—what you can see for yourselves—*that there is marked throbbing of the vessels at the root of the neck.*

This is a typical case of typhoid fever, coming under observation at its very beginning, but which has now reached its height. I will merely pause to point out a few peculiarities that serve to separate this from an ordinary case of typhoid.

In the epistaxis, the diarrhœa, the fever continuous after the fifth day, the character of the eruption—in none of these do we have anything differing from a typical case. But here is a point of great significance. The albumen in the urine, what does it mean? It means that we must watch this case. Albuminuria in the first week of typhoid fever can only be explained on two grounds—the complication antedated the fever, and is due to antecedent kidney disorder; or it is an evidence of serious blood alteration due to the fever process itself, and secondarily giving rise to the abnormal elements in the urine. Kidney disorder is occasionally produced early in typhoid fever, but in this event you should bear in mind that you will have a very grave case. Referring to the history, it is seen that our patient is only at the beginning of his second week. The eruption also tells us that the disease is no further advanced than the period just stated. The albumen and renal casts were recognized on the second day of his stay in the ward, or the fifth day of the illness. *Early albuminuria never happens in typhoid fever, unless the case is going to be a very grave one.* This is a point of prognosis worth bearing in mind, it being understood that the condition belongs to the typhoid fever process, and not to any antecedent disease of the kidneys. By it we learn that there is a degree of blood involvement that should not exist at this stage of the disease; such a condition is more likely to be met with in the third week than at the beginning of the second, and it makes us anticipate the worst consequences. There is nothing peculiar about the temperature in this case, except that it was quite high on the evening after admission, 104¼, and has scarcely attained that point since, the highest being 103½.

There is another point to which I would call your attention, and it also leads me to believe that the case is likely to be a serious one—*it is that the first sound of the heart is altered.* Such changes in the muscular fibre of the heart as this indicates are not uncommon in typhoid fever, but they do not generally occur until late in the malady. When it appears early, it shows you that you are going to have a grave case. By these two symptoms I have described you have due warning of the approaching danger, and they tell you that you will need to exert all your skill to avert it.

I must also speak of the flushed face, unaccompanied by pneumonia. This should always make you suspicious, especially when associated, as it is here, with *throbbing of the vessels of the neck.* Some years ago this condition of the vessels in the early part of the disease attracted my attention, and I framed upon it a means of ready diagnosis. In walking through the wards I would often recognize an early case of typhoid fever by this means alone, before inquiring into the history of the patient. Sometimes I was strikingly correct, though I must admit that I was wrong in other instances. I would mention it as one of the significant symptoms of early typhoid fever.

I have now developed some of the important features presented by this case, and predict that from its consideration, notwithstanding the clearness of the patient's mind, the easily controlled diarrhœa, and the absence of nervous symptoms, we are going to have a severe case of disease. Should we not guide our treatment accordingly? Yes, and I have, therefore, departed from my usual rule of not giving stimulants early in typhoid fever, and ordered him, on admission, three ounces of whisky, in milk, during the day. This shall now be increased to five ounces, some being given during the night. He is also taking

℞. Acid. muriatici, gtt.x,

in water, every four hours.

When first admitted he also had some quinine, which we shall now continue as a general tonic, ten grains being given through the day. This, and the increased stimulant, are required by the weak first sound of the heart. He shall have only beef tea and milk for his diet. No opium at all will be given, except as we have done, in the form of suppository, and that only in case the diarrhœa should become troublesome. He

shall be sponged morning and evening, and shall be watched carefully, so that he may not leave his bed during the night, while in a state of delirium.

Multiple or Disseminated Sclerosis, Following Spinal Meningitis. Its Clinical Features and Treatment.

I now wish to show you two cases of interesting spinal disorder; the first patient being now brought before you. Although we begin with this one to-day, I fear that we will not be able to finish the discussion of both of them until our next clinic day.

Joseph J., 43 years of age, is a watchmaker. He comes from a long-lived family, his father dying at the age of ninety. The patient states that with the single exception of bleeding piles, which began to annoy him some eight or ten years ago, he has always been a healthy man, until his present illness. Syphilis he never had, at least he utterly denies any remembrance of it. He tells us, however, that about five years ago he began traveling about the country in a wagon and on horseback, and was much exposed to all weathers, but until about three years ago this exposure did not affect him particularly, except that he noticed that, occasionally, he had cramps in the calves of his legs. At the time named the cramps were more marked, and now became associated with numbness in the right foot; indeed, the disorder of sensation soon involved both lower extremities; nor was it confined to them, for the first three fingers of the left hand became similarly affected about the same time. Remember, that this man had been exposed to cold and wet, and, notwithstanding these cramps, he kept on riding through the country, and continued to encounter all kinds of weather. Soon after this we notice more marked symptoms appearing on the scene. But first let us return, for a moment, to the beginning of the third year, to notice that he also had difficulty in retaining his water about this period, so that his urine was dribbling nearly all the time. His piles also troubled him a good deal during the year. Following this, a new set of symptoms are observed in the case. Those I have just read to you from the notes may be called the symptoms of the first year of the malady. Now comes the second year. At the beginning of this period we notice a loss of power in the legs, his ankles are weak, his feet turn under him, he frequently stumbles in going over rough ground. There is some inability to control muscular motion in the lower extremities; and when he gets out of his wagon to lead the horse up a hill, he often falls. He now also observed twinges of pain in the legs, though only of short duration, never keeping him awake at night. They were occasionally accompanied by muscular twitchings, which, though also occuring in the arms, were more marked in the legs. He also speaks of a sensation as of a cord drawn around his waist, which impressed him so much that he thought he was swelling, and often loosened his clothes, and took quantities of medicine for flatulence, but to no avail.

During all his illness he has had no pain in his spine, and none in the head, except a very little in his eyes, but his sight has failed so much that he is compelled to use spectacles. He occasionally has a little vertigo.

About eighteen months ago, attributing his trouble to the piles, he had them removed, but without any marked effect upon the nervous symptoms. The incontinence of urine was not relieved, but became worse; and, in truth, it was for this symptom alone that he sought admission into the hospital. Only after he came under observation did we learn of the existence of his other troubles, and that the incontinence of urine was only a very small part of the malady.

Now, this man can only walk, if indeed we can say that he walks at all, by the aid of crutches. I wish you to look at his legs. You will see for yourselves that they are atrophied; the left being decidedly more wasted than the right. You further notice that there is a good deal of mottling of the surface, and congestion of the veins, seen in both feet nearly alike. He has suffered very much from cold feet for the last two years, and has used liniments and capsicum without any effect. Since he has been in bed, however, his feet are warm enough. Testing sensation, you observe, when I pinch the feet, and when I use the pin, both on the dorsum and soles of the feet, how defective the sensation is; he hardly notices it. There is greatly diminished sensibility in both legs; he does not feel tickling at all. Evidently, the reflex movements are not quite abolished, but although reflex contraction occurs, it is slow, and not very active. If the sensation were better, I have no doubt that the reflex movements would be more energetic; it is, probably, as good as we could expect with such impaired sensibility.

He has considerable motion in the muscles of the legs as he lies in bed; you see that they are not entirely paralyzed, but he cannot use them in walking, except with the aid of crutches. Therefore, while muscular motion persists, it is the control of the muscles in coördinated movements that is mainly disturbed. You will ask, does a similar state of affairs exist in the arms? We find that sensibility is also diminished, though to a less degree, in the upper extremities, but all the motions are preserved, though the grasp is comparatively feeble. He says that he can thread a needle and use his fingers without difficulty. Therefore, the same defect in sensibility and motor power exists in the arms, but the power of coördinated muscular movement is not nearly so much impaired in the arms as we find it was in the legs.

I will now show you the result of the examination of the muscles by the battery, using the Faradic current. The muscles of the thigh quiver on the right side with a slowly interrupted, strong current, but it takes a still stronger current to make them contract. The muscles of the thigh and leg move with a strong current slowly interrupted. In the left thigh the phenomena are less marked, and a stronger current is required to produce the same effect. Therefore, the electro-muscular contractility under this current is shown to be much impaired, but it is not so much impaired as the electro-muscular sensibility. Using a quickly interrupted current, we find it produces only a slight quivering under a very strong current. The rectus muscle of the right side may be made to move, but only under a strong current; the same observation applies to

the left, but with the difference before remarked in favor of the right.

In the arms, you perceive that while muscular motion is preserved, the muscles of the limbs are greatly reduced and weakened, so that the electro-muscular contractility is materially altered; still, not nearly so much as in the legs. He tells us that he feels this current distinctly in the arms. The sensibility is then preserved, but like the contractility, it is also slightly impaired, and to a far less degree than in the legs.

In conclusion, I will call your attention to the muscular quivering which is now taking place in the lower extremities, irrespective of the battery.

The eyes have been examined, with a negative result. There is no disease of the heart.

I will not have time to conclude the discussion of this case this morning, but will merely announce the diagnosis, and give you the reasons for it at my next clinic. It is a case of sclerosis of the spinal cord, the hardening existing in different portions of the structure, and affecting them unequally. It has undoubtedly involved the posterior columns, and the antero-lateral columns, also, though to a less extent, the anterior columns in the dorsal region. Neither of these regions is intact. It is sclerosis, then, of several portions of the cord, secondarily induced, and following and consequent upon congestion of the cord and spinal meningitis.

His treatment has been the bichloride of mercury, one-thirtieth of a grain thrice daily, which shall now be increased to one-fifteenth of a grain, and subsequently to a larger dose, provided he bears it well. He has also been taking a little strychnia, occasionally, for his bladder trouble, but the chief dependence has been upon the bichloride.

The hour having expired, I will continue the discussion of this, with the other spinal case, at our next meeting.

NEW YORK HOSPITAL.

DISEASES OF THE SKIN.

BY L. DUNCAN BULKLEY, M.D.

Reported for the MEDICAL AND SURGICAL REPORTER.

(*Concluded from p.* 123.)

Acne.

On the face of this young girl there are three forms of the eruption known as acne, viz., *acne punctata*, *acne simplex*, and *acne indurata*. The first, *acne punctata*, is also called comedo, and is manifested by the little black spots which you see scattered over the surface, and consists merely in a blocking up, or a constipation of the sebaceous follicles. The *acne simplex* is characterized by the papules and pustules, and the *acne indurata* by these larger, indurated masses, which contain pus, and which are made up, not of single glands, but of groups of glands. We might add to these varieties still another form of the affection, observed over most of the face, viz., *acne oleosa*, the presence of which is indicated by the greasy condition of the face.

For the treatment of comedo the best method is the employment of a small silver tube, such as I hold in my hand, which is made for the purpose, and which acts in the same way as the ordinary watch key, so commonly used in the affection. It is, as you see, about two inches long, and about one-eighth inch in external diameter, with its ends hammered over, leaving an aperture of about one-twenty-fifth of an inch at one end, the other a little larger. It is much preferable to a watch key, in that the round end does not cut the skin, as the square-cut end of the former may do, while the rounded, or rather conical extremity, when pressed into the skin, rather serves to stretch open the orifice of the gland, and to favor the extrusion of the plug. Thus, when I press it upon the surface surrounding one of these little black points, the plug instantly rises up into it, and you may soon see a number of the little masses standing like minute horns on the surface. It is very efficient, and easy of application, and does not occasion the patient any pain to speak of. In my office I have frequently removed from fifty to a hundred of these plugs at a sitting, and have occasion to use the instrument many times in a day.

For the local treatment of the indurated lumps, opening with the knife is the only efficient means, and the earlier this is done, the less danger there will be of permanent scarring. When they are left to themselves, scarring almost invariably results; and some time ago I exhibited at the Academy of Medicine a patient whose face had been so marked and disfigured in this way that many of the gentleman present could scarcely be persuaded that he had not had the small-pox. The best instrument for making the incision is the ordinary thumb lancet, as with a moderate pressure it only punctures to the depth of the follicle. When I now open one of these lumps, you perceive what a large quantity of matter they really contain. For the rapid cure of the papules and pustules of acne, each one of any size should be punctured with a lancet; or I have at times employed with advantage a method which is much used in Vienna, which is, to scrape them thus, with the dermal curette, and it is certainly very efficient; only the top of each pustule is removed, a drop of blood or serum exudes, and no scar is left. This, then, is a very good example of acne, as it is frequently presented to you in a mixed form.

Let us now dismiss our patient and look a little more particularly into the different subdivisions of the affection. *Acne oleosa*, which we have seen to be present in this patient, is a variety of what is known as *acne sebacea*, which is divided into *acne oleosa*, *acne sicca*, *acne cornea*, and *acne exsiccata*. It is *acne sicca* when it dries up into a thin crust, which differs from that formed in eczema, in that it is greasy. Such a crust can readily be rolled up into a ball. Such a condition is well shown in this colored plate of Wilson's. When it becomes harder, the affection is known as *acne cornea*; and when the follicles refuse to act, and the skin gets too dry, *acne exsiccata*.

Acne punctata has been divided into two varieties, viz: *acne nigra*, or comedo, and *acne allida*, or milium. It consists, as we have seen, in a plugging up of the glands, a real constipation, which may be forcibly compared to constipation of the intestine. When the point of the

plug at the surface is black (from the accumulation of dirt, etc.), it is called comedo. Milium represents that condition seen principally beneath the eyes, when there are small white specks, whose sebaceous contents are contained beneath the epidermic covering, and cannot be exposed until a slight puncture is made. If we examine the state of one of the plugs from acne punctata nigra, or comedo, under the microscope, we find masses of altered cells from the interior of the gland, some oily matter, and a few hairs.

The ordinary secretion of the sebaceous glands occurs from fatty metamorphosis of these cells; but in *acne punctata* these fail to undergo this metamorphosis, and concrete into these cheesy masses. In the glands a parasite is sometimes found, in the form of a minute worm, the acarus or demodex folliculorum; but is of no importance in connection with any disorder of their function, and you understand, of course, that it is excessively minute, many being sometimes found in a single follicle; their existence has probably aided in giving to these sebaceous plugs the popular name of worms or grubs. In *acne simplex* the lesion is a simple inflamed pimple, and these pimples occasionally cover the whole face, or are lightly scattered over it; sometimes they are seen over the whole back, as in the plate and photograph which I now show you.

Acne indurata, as we have seen, consists of a number of elevations of the skin, which are much larger than those of acne simplex, very indolent, generally painless, always containing pus, and sometimes in considerable quantity. They are of a deep purplish-red color, and are apt to last a long time. Every comedo that is removed, I may remark, in passing, lessens the chance of the patient's having some of the other lesions of acne, inflammatory in character.

Acne molluscum, whose true nature has been the source of considerable dispute, has been shown, beyond doubt, I think, by the more recent writers, to be a sebaceous disorder. It is a disease which resembles comedo, in that it is characterized by an alteration of secretion, and hardening about the sebaceous glands; but instead of being located in or under the skin, as comedo, the small tumors constituting the affection project above the surface. Its small pearly tubercles, generally of the normal flesh color, or white, flat on top, generally with one or more minute openings, have been very aptly compared to a small button, and are so well shown on these colored plates, which I will pass around, that I need hardly describe them further. They are far more commonly met with on the face, but you see by this photograph that they may occur on any or all parts of the body. It is a purely local disorder, and anything that will remove the glands themselves will cure it. They can often be snipped off with the scissors, or they are readily enucleated, after a slight incision; it is safer always to burn the face with nitrate of silver. *Acne sebacea* and *punctata*, however, must not be regarded as of a local character alone; they are always associated with some disorder of the general health.

Acne proper is never a purely local disease. When a case, in any instance, is investigated thoroughly, it will, perhaps, be found that there is constipation, dyspepsia, or some other disorder of the alimentary canal present; and in females the eruption is particularly apt to be associated with some sexual derangement. Our treatment, therefore, in order to be at all successful, must be directed toward the real cause of the difficulty; and in any case of acne it is our first duty to enter into an investigation, in order to find out what that may be. For this purpose it is not infrequently necessary to make a thorough examination of the entire system. There is one diagnostic point which may be of considerable service to you in this connection, and that is, that in females, when the acne depends on some uterine derangement, the eruption is almost invariably confined to, or principally seated on, the lower portion of the face.

The treatment of acne, then, consists in the removal of the cause; and as you would naturally expect, under such circumstances, there is no one remedy for this affection. In a certain class of cases arsenic may do good, but in very many it is useless or harmful; in some strychnia, and in others, phosphorus. On account of its special property of relieving cutaneous congestion, however, there is nothing which I have found of such universal application as acetate of potassa. It may often be combined advantageously with nux vomica and taraxacum, or with senna, if the bowels are constipated. Later on in the disease, when the inflammatory stage is over, good results may be obtained, very frequently, from the use of arsenic. In the acne indurata, cod-liver oil often yields the very best results.

In the local treatment of acne many of the German authorities, such as Neumann and others, are in the habit of employing very stimulating applications, and strongly recommend the green soap. This, however, is altogether too harsh an agent to be indiscriminately employed in every case. What has proved of far greater service in my hands is the application of water so hot as to be almost scalding, which has the effect of softening the comedones and also of relieving the congestion. A cloth saturated with it should be held against the face for from three to five minutes, and then a wash, such as one of the following, applied:—

℞.	Potass. sulphuret,	ʒj	
	Zinci sulph.,	ʒj	
	Aq. rosæ,	f.ʒiv.	M.
℞.	Sulphur. loti,	ʒss–ʒj	
	Ætheris,	f.ʒss	
	Alcohol,	q. s. ft. f.ʒiv.	M.

Or a wash composed of prepared calamine and oxide of zinc, in the proportion of a drachm of each in four ounces of rose water, with from one to three drachms of glycerine, may be substituted for them.

In certain cases, however, strong stimulation is really necessary; and in such cases green soap and alcohol, the red precipitate of mercury and other irritants may be resorted to. But whatever the treatment adopted, it is often useless unless a change of habits and of diet is made by the patient; for this reason traveling, or, at all events, a change of scene and mode of life, is often of very great advantage.

Editorial Department.

Periscope.

Experiments on Malignant Pustule.

At the meeting of the Academy of Medicine, held on the 29th of October last, M. Colin described a series of experiments made with the view of ascertaining the means of neutralizing different forms of virus in the organism. Forty rabbits were put under observation, and were inoculated with the virus of the "pustule maligne." The inoculation was done at the tip of the ear, which was cut off ten minutes after the operation. In every case the disease developed itself, and the virus did not seem to have lost any of its energy throughout the series of experiments. In the case of seven rabbits tincture of iodine was the substance used to neutralize, associated with a strong portion of iodide of potassium; in fourteen others carbolic acid was used; in four sulphuric acid was the agent; in five more hyposulphite of soda; in three borate of sodium; in two sulphate of iron; and, finally, in the remaining five cases sulphate of quinine was injected. Progressive doses of from twelve to twenty-three milligrammes of iodine were injected into the veins of the first seven rabbits for every kilogramme of their weight, but they all died within twenty-eight hours from the time of the inoculation. Fourteen rabbits were injected with 230 milligrammes of carbolic acid for every kilogramme of their weight, but the one that resisted the longest died forty-two hours after the time of inoculation. In the remaining trials with the other substances above named, the results were approximately the same. M. Davaine had found that the substances above named were capable of neutralizing the virus in a watch-glass, but the experiments of M. Colin conclusively prove that their action is not the same in the organism. M. Colin expressed his regret at not having obtained more useful results, but still hoped to be able eventually to find some counter-agent for this terrible poison. In each case the characteristic alterations of the disease existed, such as swelling of the spleen and the presence of bacteria in the blood.

The Etiology and Treatment of Epilepsy.

Dr. Berger gives, in the *Zeitschrift für Prak. Med.*, a series of observations on the etiology of epilepsy, which tend to illustrate the different experiments that have been made to produce epilepsy artificially. The following were the principal causes. A traumatic affection of the median nerve caused epilepsy in a man; disturbances of the sexual organs in women had the same effect. (One was a case of hæmelytrometra, which was subsequently operated on; the other, cessation of the menses, caused by a severe cold.) Four cases may be classed under the head of epilepsy, caused by injury. The patients (three male, one female) had sustained injuries to the head, either through a blow, fall, or box on the ear, and the disease subsequently manifested itself either directly afterward, or after weeks or even months had elapsed, while in the meantime the only thing the patients complained of was occasional diffused headaches. The next cases belong to the form of epilepsy caused by affection of the cortical substance, especially in syphilitic persons (according to Fournier, Charcot, and others). Among these, he gives a very full description of a case of epilepsy in a man, aged thirty-eight, who had been several times under treatment for syphilis, and who was subject to epileptiform attacks that did not differ in the least from general epilepsy. He was cured by a very energetic anti-syphilitic treatment. Two further cases recorded describe vaso-motor epilepsy in a girl, aged nineteen, and a very interesting case of epilepsia gravior, occurring also in a girl aged nineteen, after poisoning with carbonic acid. In the treatment of the disease, the author has used several methods with varying success. Hystero-epileptic patients were the only ones that derived any benefit from Chapman's method of application of ice or cold water to different parts of the body; true epilepsy was never cured, either by this method or by electricity. In vaso-motor epilepsy the constant current proved very useful. Some authors have highly commended the effects of bromide of camphor and bromate of zinc; but Dr. Berger does not agree with them; neither has he seen any satisfactory results produced by atropin and curare; nitrite of amyl, if inhaled in time, sometimes proved efficient in cutting short the paroxysm. The most favorable result has been caused by bromide of potassium, if given in large doses (from six to twelve grammes, equal to one and a half to three drachms, daily); the disease sometimes only manifested itself again after two years, but it never was completely cured. Bromal-hydrate has a similar effect to that of bromide of potassium (Steinauer).

Surgical Treatment of Anasarca.

Dr. H. A. Wickers writes to the *Lancet*: The treatment of anasarca, whether cardiac or renal in its origin, after ordinary therapeutic measures have failed, is in most instances very unsatisfactory. If the patient be let alone, after a time he gets water-logged and dies; incisions nearly always lead to sloughing; and other plans of treatment, such as drainage tubes, etc., have proved scarcely less unsuccessful.

The following method has been in use for several months at Charing-cross Hospital, where it has been employed in some forty or fifty cases; it is readily carried out, gives great relief to the patient, and has never been followed by ulceration, sloughing, or inflammation:—

The legs having been well oiled, and a mackintosh sheet placed under them, about twenty or thirty punctures are rapidly made in their sides with a stout needle or hare-lip pin; some sponges,

which have been well wrung out in a saturated watery solution of salicylic acid, are now placed against the punctures, so as to absorb the fluid as it transudes; these sponges, as they become filled, are squeezed out, and again passed through a solution of salicylic acid before being replaced against the patient's skin. In this manner renewals may be required about every two or three hours; and four or five pints of fluid may be drained away during the first day, the whole process being possibly completed in four or five days, at the end of which time the punctures are usually healed. By the use of salicylic acid, decomposition of the dropsical fluid does not occur, the sponges are kept free from fetor, the skin is not irritated, and cutaneous inflammations of a low type are entirely prevented.

The Therapeutic Value of Oxygen.

Dr. Benj. W. Richardson, of London, says on this subject, in a late lecture: Therapeutically, the positive place of oxygen is, first, as an antispasmodic. For excesses of activity of nervous action, leading to what are called spasmodic or tetanic conditions of body, oxygen is a positive remedy. It may not of necessity be in every such case a powerful or instant remedy, but whether it be powerful or not, the positive direction of its action as an antispasmodic is definite.

In this therapeutical point of view, oxygen raised in temperature to 75° or 80° F. combines admirably with other volatile antispasmodic remedies, and with none so well and effectively as with vapor of the nitrite of amyl. In acute spasmodic asthma, when there is little excess of secretion in the bronchial tubes—that is to say, when the obstruction to breathing is purely from spasm, the inhalation of amyl nitrite in an atmosphere of warm oxygen is the most immediate of reliefs I have ever witnessed. The difficulty of administration is all, indeed, that stands in the way of the general adoption of this plan. To apply the remedies in combination, a bottle of compressed oxygen, or a large reservoir of gas, must be at hand; an intermediate bag for the holding of the gas ready for its respiration is next required; the escape tube from the bag has to be connected with the nitrite inhaler; and, finally, unless it be summer weather, the temperature of the gas has to be artificially raised to the necessary degree, which must not be less than that of summer heat.

In addition to its action as an antispasmodic, oxygen, at a raised temperature, is an eliminative, and that for the same reason as it is a relaxant. We have here again, in this fact, a positive therepeutical indication for its use. In extreme spasmodic diseases—in tetanus, for example—where we want to reduce spasmodic action, and at the same time to eliminate freely, the use of oxygen stands out in the most perfect order. Some years ago Sir James Paget treated an extreme case of acute tetanus, in St. Bartholomew's Hospital, by subjecting the sufferer for several days to the inhalation of oxygen gas. With the spirit, kindness, and thoughtful consideration which never desert Sir James Paget, he was good enough to remember that the therapeutical observations then being carried out would be specially interesting to one who was making the action of oxygen a subject of experimental research. He therefore invited me to visit the patient with him, which I did. The tetanic paroxysms at the time of my visit were subsiding, and the man expressed himself as greatly relieved. The most remarkable feature of his case, after the fact of the relaxation of the spasm, was the elimination that was in progress. The man was literally bathed in perspiration, and had, I learned, been so for many hours. The surrounding temperature was very high, and the oxygen, true to its course in that condition, was acting most usefully. It was not only relaxing the muscular fibre, but was causing profuse elimination. In this case the administration of the gas in an ordinary ward of the hospital was a troublesome and imperfect process. In order to make such administration easy, precise and perfect, there ought to be in every hospital one or two inhaling rooms, in which the patient could breathe, without the impediment of an inhaler, any atmosphere the physician or the surgeon might wish to prescribe, and at any temperature he might think most desirable.

Esmarch's Bandage in Popliteal Aneurism.

A discussion on this subject, at the Clinical Society of London, not long since, developed serious objections to the employment of this measure.

Mr. Herbert Page had tried the bandage without success in a case apparently well suited for it, and in the hospital at the same time a case of Mr. Lane's was treated in the same way with a like result. The plug in the distal arteries, which had been thought to precede clotting in the aneurism, was, in his opinion, a later event, and followed its cure. He alluded to a case of Mr. Pemberton's, where this method of treatment had been followed by gangrene.

Mr. Bryant related a case where the bandage was used for one hour, under the influence of morphia, by which time there was much consolidation. In two or three days the aneurism grew worse; but the bandage under chloroform for three-quarters of an hour was followed by much improvement. It soon relapsed, and he then tied the artery. Gangrene followed in a few days, which required amputation below the knee. In his opinion, the bandage was responsible for the gangrene; and it constituted a serious, though perhaps not fatal, objection to its use.

Dr. Mahomed considered the bandage was contraindicated in cases of extensive arterial disease. He had found that when the bandage was placed on one arm the volume of the other was much increased, showing that a considerably increased distention of the rest of the vascular system resulted. Where the cerebral arteries were diseased, this might be dangerous; but this objection did not apply to the ligature.

—Smallpox has broken out quite severely in Dublin. For many years the United States has not been so free from it as this winter.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The Detroit Medical and Library Association commenced the publication of its Transactions, quarterly, in January.

——In a reprint from the *American Journal of the Medical Sciences*, Dr. W. W. Keen reports a case of cholecystotomy. It resulted fatally.

——The Annual Report of the Presbyterian Eye and Ear Charity Hospital, Baltimore, Md., records the history of the first year of that foundation.

——A case of umbilical hernia in the adult is described by Dr. W. W. Potter, in a reprint from the Buffalo *Medical and Surgical Journal*. The case is a rare one.

——The 25th Registration Report of Rhode Island has the usual carefully prepared statistical tables. Under the efficient supervision of Dr. E. M. Snow, it is always a model of its kind.

——Dr. H. Wardner, of Cairo, Ill., gives a summary of 163 cases of fracture of the neck of the femur. In regard to the modes of treatment, the results as given are favorable to the use of Hodgen's splint and Truesdale's fracture bed; but the number of cases reported is not sufficient to warrant a decisive opinion. Reprint from the Chicago *Medical Journal and Examiner*.

——Dr. Isaac N. Kerlin, Superintendent of the Pennsylvania Training School for Feeble Minded Children, has had printed a very useful pamphlet, containing information relating to the school, just the kind that parents and guardians are constantly seeking. All who have such unfortunate charges should obtain a copy. The address of the school is Media, Pa. The 26th annual report of the institution is also published.

——A monograph by Dr. Edward Borck, of St. Louis, on fracture of the femur, is based on the author's articles on that subject which have appeared in the medical journals. He begins with a description of the method and apparatus which he uses, and proceeds with a review of various other appliances used in the same accident. The illustrations are numerous, and the topic is well handled. St. Louis, George O. Rumbold & Co.

——The Annual Report of the Surgeon General of the Navy, for 1878, gives the usual statistics and information:—

At the close of the year 1876 there remained under treatment 332 cases; during the year 1877 there occurred 10,457 cases of disease, injury, etc., making a total of 10,789 cases treated during the year; of which number 191 died and 10,203 were returned to duty or discharged the service, leaving 395 cases under treatment at the close of the year 1877.

The average strength of the Navy (officers, seamen, marines, engineer service, and Coast Survey included) for the year 1877, as near as can be ascertained, was 8609. The proportion of cases admitted to the whole number of persons in the service, was about 1.02, or each person was on the sick-list 1.02 times during the year. The proportion of deaths to the whole number of persons in the service was .02, and the proportion of deaths to the number of cases treated was .02.

Of the 191 deaths during the year, 98 were from drowning, from the wreck of the United States steamer Huron, November 24.

The total number of deaths from all causes reported to the Navy Department, from October 1, 1877, to October 1, 1878, was 197.

BOOK NOTICES.

A Practical Treatise on the Diseases of the Testis, and of the Spermatic Cord and Scrotum. By T. B. Curling, F.R.S., etc. Fourth edition, revised and enlarged. Philadelphia, Lindsay & Blakiston; cloth, 8vo, pp. 650. Price $7.50.

For many years the monograph of Mr. Curling, on the testis, has been so complete and satisfactory that no other has been attempted in our language. The wide experience of the author, and his facilities in the great London hospitals to study an unbounded diversity of cases, has enabled him to give his treatise a fullness which left no room for competitors.

In the present edition he has taken advantage of the recent pathological researches of the German histologists, to review and bring up to the latest mark of science all that relates to the pathology of the testis, and has also introduced some new subjects, as congenital hydrocele of the spermatic cord, and lymph scrotum. Numerous references throughout the text indicate that whatever contributions have been made to the subject of the monograph, of recent years, have been carefully weighed. In fact, it is obvious that, for some years to come, any one who wants to study up the diseases of the scrotum, and its contents, will have to turn to this as his best authority.

On Loss of Weight, Blood Spitting, and Lung Disease. By Horace Dobell, M.D., Consulting Physician to the Royal Hospital for Diseases of the Chest, etc. London, 1878, pp. 274. J. & A. Churchill,

At present we should be at a loss to name any one in Great Britain whose writings on diseases of the lungs and heart repay earnest study more richly than those of Dr. Horace Dobell. Whatever comes from his pen has in it that happy combination of personal clinical observation with the "traditions of learning" which Lord Verulam laid down as the highest quality of medical teaching. This is again admirably illustrated in the work before us. He takes up the three conditions mentioned in the title—spitting of blood, progressive emaciation, and pulmonary disease —and studies them exhaustively, with regard to causation, significance, and management. The two chapters on treatment, the one on the treatment of hæmoptysis, the other on the loss of weight, especially as they relate to pulmonary consumption, are the most complete of the kind that we could anywhere point out. The analytical tables of cases, the summaries of observations and results, the tables of diet for consumptives, and the chromo-lithographic plate, we have space only to enumerate, though they merit far more than a passing notice.

A Century of American Literature. By H. A. Beers. Henry Holt & Co., New York. 12mo, pp. 407. Price $1.00.

Mr. Beers is assistant professor of English literature in Yale College, and a gentleman whose qualifications for such a work as the present cannot be questioned. It consists of selections from some forty or fifty of the most eminent American authors, prefaced with biographical sketches, and introduced by an essay on the literature of the colonial period. Confining himself to authors no longer living, and to writers of literature proper, that is *belles lettres*, Mr. Beers, in the compass of a small volume, has been enabled to present a most interesting series of characteristic extracts.

A Practical Manual of Diseases of Children, with a Formulary. By Edward Ellis, M.D. Third Edition. New York, Wm. Wood & Co., 1879; pp. 213.

Dr. Ellis' work first appeared ten years ago, since which time the author has removed from his London practice to the remote colony of New Zealand, from which distant point he edits the present issue of his work. Perhaps this puts him at a little disadvantage, in spite of the facilities of communication. Last year, when the English edition appeared, we recollect that after a careful perusal of it there seemed some want of familiarity with various subjects in pædiatrics which the active practitioner in a medical centre would have had. Apart from this, Ellis is a useful author "to have in the house." The principal criticism on his book is that there is too little of it. On many points he is unsatisfactorily brief. In fact, to put the wide range of diseases, and a formulary and dietary to boot, in a couple of hundred pages, and do it with reasonable completeness, is an impossibility. He cannot average much beyond a page to a disease; and that is obviously absurdly inadequate. Yet of its kind, his epitome is as good as any we know.

A Tabular Handbook of Auscultation and Percussion, for Students and Physicians. By Herbert C. Clapp, A.M., M.D. With four plates. Boston, Houghton, Osgood & Co., 1879. Cloth, 8vo, pp. 97. Price $2.00.

The tabular arrangement of symptoms has many advantages, and is deservedly popular. In the present work the author has arranged those relating to the heart and lungs, in a perspicuous manner, drawing his information from leading authorities. He does not, however, take advantage of the comparative or differential plan of stating symptoms; and we notice that under pericardial effusion he repeats the old and inaccurate statement about the pyramidal-shaped area of dullness, and does not refer to the interesting studies of his fellow townsman, Dr. Rotch, on the real signs of this lesion. The book is handsomely printed and neatly bound.

Lecture Notes on Chemical Physiology and Pathology. By Victor E. Vaughan, M.D., PH.D. Lecturer on Medical Chemistry at the University of Michigan. Second Edition, revised and enlarged. Ann Arbor Publishing Co., 1879. Cloth, 8vo, pp. 314.

The preface informs us that these notes have been especially prepared for the use of the students of the author. Whether it would not be better to let them make their own notes is a question which naturally suggests itself. The subjects treated of are the usual ones in such a course—digestion, the bile, the blood, the tissues, urine, etc. No originality is claimed or needed in the book; but accuracy, so far as we have examined it, is maintained, and this is the chief point.

THE

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THE DARWINIAN DOCTRINES AS APPLIED TO THE STUDY OF DISEASE.

A thoughtful paper was read, not long since, before the Epidemiological Society of London, by Dr. HUBERT AIRY. His subject was "Infection, regarded from a Darwinian Point of View." He discussed the two theories of infection; (1) the germ theory, or theory of *contagium vivum*, of which, perhaps, Dr. WILLIAM ROBERTS is the foremost advocate in the British medical world; and (2) the glandular secretion theory of Dr. BENJAMIN RICHARDSON.

On the former hypothesis it is plain that we are dealing with a case of parasitic adaptation. If the contagium is a living organism, depending for its support upon human susceptibility, it must itself be capable of variation to match the variability of its human home and food. As the human syncrasy varies in the direction of insusceptibility, so the parasitic microzyme will, step for step, attain new virulence; and as long as man and microzyme are allowed to meet, there would seem to be no possibility of a cessation of the process. Natural selection would, however, be fairly satisfied by so much variation on both sides as should leave men susceptible of infection, but not to a fatal degree.

Dr. RICHARDSON'S theory, supported by striking experiments, that the contagium is the diseased secretion of one or other of the glands of the human body itself, which possesses the property of altering the kindred secretion in a previously healthy body by catalytic action, might at first sight appear to give little scope for the operation of natural selection; but it will be admitted, on consideration, that any matter which possesses the property—never mind how—of reproducing its like with possible variations is, *ipso facto*, subject to that law. If the first step be granted, that a morbid secretion can in any degree induce a similar morbid action in another body, there is no reason for denying that the process might in time attain the most virulent infectiousness. Spontaneous origination of infectious disease on the glandular hypothesis can hardly be understood unless we suppose that for each gland there is a certain specific disorder of function into which it is liable to fall, either under intrinsic nervous disturbance or under the contact influence of foreign morbid secretion.

These interesting studies will bear a much greater extension than has been given them by Dr. AIRY. We have yet to see the application in full detail of the doctrines of natural selection, increase, diminution and survival, according to evolutional laws, applied to pathology and disease. Some years ago we gave a brief abstract of the very admirable essay on the Darwinian theory applied to epidemics and contagious diseases, by DECANDOLLE, of Geneva, which still remains the best of its kind.

The effort which has lately been made in Germany, to study diseases, not according to general similarities, as has hitherto been done, but in their local and temporal aspects, will furnish valuable material when such a mode becomes widely adopted. That is, the effort should not be, in describing a local outbreak of scarlet fever, for example, to rest content with its identification

with that disease, but to discover, arrange, classify and analyze the slight local and ephemeral peculiarities of the epidemic. These traits are to disease what the individual and accidental variations are to the study of the origin of species in natural history.

Again, the variations of pathological products form a field as yet quite unexplored. VIRCHOW, indeed, has categorically denied that the Darwinian law has any application in pathology. But, *pace* that great master, however weighty his authority, it does not close discussion on the subject, and all that he can mean is that *he* has not observed any operation of the law.

Finally, there is a remarkably rich field open in the study of disease in the lower animals. This was touched upon, but only so, in the paper of Dr. AIRY. He justly observed that each disease has a history and a pedigree which we ought to know if we are to obtain a full scientific insight into its nature and relations. This should be the object of a new science of comparative pathology parallel to that of comparative anatomy. A comparative study of disease in different races of mankind, especially in the lowest, extending to the quadrumana, and thence downward through the whole animal kingdom, might be expected to throw light on many of the simple elements of disease, on inflammatory and degenerative changes, on malignant growths and functional aberrations.

Every day brings more and more into relief the intimate relations between the diseases of domestic animals and of man. It should not be forgotten that from this study has been derived, in vaccination, our greatest victory over epidemic disease in man. And it were much to be wished that more earnest attention were given to this branch by medical men.

THE ADVANCE OF THE PLAGUE.

It is stated by the sanitary authorities at Washington that the disease prevailing in southern Russia has been definitely recognized by the Russian health authorities as the plague. At Astracan there were 195 cases, of which 143 proved fatal, during the first two days of January. Precautions are being taken by most of the European governments against its introduction into their respective countries.

In the last week in January, a St. Petersburg despatch says, "The timely and energetic measures adopted by the Russian Government, and the promptitude with which the information was communicated to the public, are proofs that the time is past for bureaucratic mystery in a matter affecting the public health."

Early in February the Czar approved the summary measures resolved upon by the committee of Ministers for stopping the plague. All remedies proved unavailing. The local Sanitary Commission of Moscow decided upon the most stringent precautions, such as the closing of unhealthy basement dwellings, the erection of buildings to accommodate two thousand people, and of furnaces for burning infected clothes, and the gratuitous distribution of cooked provisions.

Russia has asked England to send medical men to report on the epidemic.

At Bucharest, the Chamber of Deputies voted a credit of five hundred thousand francs for the establishment of a quarantine and a military cordon, to prevent the spread of the plague.

At Vienna, on Jan. 26th, the International Sanitary Commission, which met there to take precautions against the spread of the plague, concluded its labors for the present. It decided that the regulations relative to arrivals from Russian ports can, if necessary, be applied to arrivals from ports on the lower Danube. HERR FINKELNBURG, the German delegate to the International Sanitary Commission, started for Berlin at once. The *Montags Revue* says HERR FINKELNBURG declared that should the plague increase Germany would establish a military cordon of 80,000 men on her frontier, and that the order for their mobilization was ready.

Such precautions are not premature, as all who have studied the history of this terrible scourge will acknowledge.

This form of the plague is the "Black Death" of the fourteenth century, the blight which fell upon London in 1663, and destroyed nearly half

of the population of Marseilles in 1720. Since that dread visitation in Southern France it has not returned to Western Europe, save in 1815, when it crossed the threshold of Naples. In 1771 Moscow was under the curse, and several times during the present century has the plague passed over the Danube to lead a dance of death in Southern Russia. During the terrible winter of 1828–29, before DIEBITSCH led an army of invalids across the Balkan, and through sheer audacity dictated the peace of Adrianople, the plague swept over Roumania until 2000 villages were infected and 82,000 Russian soldiers were lost in the hospitals. From May, 1828, to February, 1829, the sick list comprised over 210,000 names, and inasmuch as VON MOLTKE, the historian of the campaign, estimates that the whole strength of the army could not have been over 100,000 men, every soldier, on the average, was twice in the hospital. As early as May, 1829, the plague broke out on the right bank of the Danube, and before the winter set in the victorious army was almost wholly destroyed, for not more than 10,000 men recrossed the Pruth, and many of these were recruits.

NOTES AND COMMENTS.

Results of the Contagious Diseases Acts.

These acts, as is generally known, are directed, among other things, to the prevention of syphilis by enforcing police surveillance and medical examination of prostitutes. In his just published *Lectures on Syphilis*, Mr. James R. Lane, surgeon to the Lock Hospital, London, says of their effect: "Nothing could be more striking than the change which was wrought in the character of the cases coming in from a district after it had been under inspection for two or three months. At present, if a severe case presents itself among this class of patients, it is almost sure to be in some unfortunate who has migrated from a distance into the inspected district, in order to secure being sent at once into hospital for treatment. The sores are now of the mildest character; phagedæna is almost unknown; and, what is equally remarkable, even suppurating buboes are but rarely seen. The present condition of these women is a striking illustration of the extent to which venereal disease may be mitigated by early treatment, enforced cleanliness, and strictly regulated diet and habits. It is certainly a remarkable fact that districts in which the lowest prostitutes abound, and in which every one of them is known, should, when subjected to regular inspection, only quite exceptionally furnish examples of really formidable venereal disease."

We suppose the "unco guid" will very much object to this diminution of the suffering of a wretched class of unfortunates.

Poisoning by Chlorate of Potash.

This drug is so freely used as a domestic remedy, that the following case, which occurred in the family of Dr. Kauffmann, of Berlin, will be read with interest. It is given in the *Med. Central Zeitung*: He used to keep a certain quantity of this salt in a tin box, and give some of it daily to his children, as prophylactic treatment against diphtheria, which happened to be epidemic at that time in the neighborhood. One day, the children, while playing, possessed themselves of the box, and took each about half an ounce of the chlorate of potass. The youngest child, a girl two years and a half old, had severe vomiting, which lasted for seven hours, when she died of gastritis, in spite of all help. Another remarkable symptom of the poisoning was the profound lethargy of the child, which probably prevented its showing symptoms of pain. Another similar case is mentioned, of a young man who had taken small doses of chlorate of potass. to cure himself of hoarseness. From the time of taking the first dose to the moment when he left off, the patient suffered from gastritis, and vomited every time he took the drug. These symptoms ceased as soon as the medicine was discontinued, which clearly shows it to have been the primary cause of the inflammation.

Relation of Diphtheria to Potato Blight.

The eminent physiologist, Dr. Alfred Carpenter, says, in a recent paper: The close analogy which exists between diphtheria and potato blight leads me to conclude that the conditions which promote the one have also an influence upon the other, which requires wide-spread observation for its determination. There is a close analogy between dry rot and potato disease, which connects the three classes of disease into one genus. Circumstances which are common to one may be common to another, and those things which increase the productive power of the one have a similar effect upon the other, and *vice versâ*. Thus, a germ of the fungus called *merulius lac-*

rymans, in contact with immature wood, in a position in which there is a want of ventilation and where some moisture is present, very soon produces its effect and sets up dry rot in the ligneous tissues. But an excess of carbonic dioxide is required to promote the change in the albuminous matter of the wood; this excess is provided by ordinary oxidizing processes in a badly ventilated structure. The fungus then decomposes the wood into carbonic dioxide and water. Thus are produced the two elements which are required to continue the mischief, and there is a rapid destruction of the building.

Suggestion for Sleeplessness.

Many persons troubled with insomnia also suffer from cold feet. An English writer suggests that the feet be dipped in cold water for a brief period; often just to immerse them, and no more, is sufficient; and then they should be rubbed with a pair of hair flesh-gloves, or a rough Turkish towel, till they glow, immediately before getting into bed. After this, a hot-water bottle will be successful enough in maintaining the temperature of the feet, though without this preliminary it is impotent to do so. Disagreeable as the plan at first sight may appear, it is efficient; and those who have once fairly tried it continue it, and find that they have put an end to their bad nights and cold feet. Pills, potions, lozenges, "night-caps," all narcotics, fail to enable the sufferer to woo sleep successfully; get rid of the cold feet, and then sleep will come of itself.

Syphilitic Milkmen.

An English writer, Mr. George Gaskoin, has lately directed attention to the possible infection of milk through that very common form of secondary syphilis, psoriasis palmaria, on the hands of the men engaged in milking. He remarks: "Although the subject is of an unpleasant character, I think it would be possible to insist on a great circumspection in the choice of men who have this duty to perform. If the 'neat-handed Phillis' is to be discarded, which I cannot but think of with regret, we ought to be very particular in the class of men employed. Thus, for instance, it is obvious that discharged soldiers and seamen, in whom the probability is not small that they may have had syphilis, are not the people we should make choice of for milking our cows; but, in short, whoever has had this complaint in any degree, or at any period of his existence, is unsuited for so delicate a duty." This warning is very applicable to the dairies around Philadelphia and New York, where the "milk maids" are usually boys and men.

Correspondence.

Ice Treatment of Pseudo-membranous or True Croup in Children, and Acute Laryngitis in the Adult.

Ed. Med. and Surg. Reporter:—

This hitherto fearful malady, whose ravages have hurried so many children to an untimely grave, I am convinced, by the experience of the last five years, is as easily controlled by the use of proper measures vigorously and promptly employed, as most of the other phlegmasiæ. Let me premise a word in relation to its pathology. True croup is an inflammatory affection of the mucous membrane of the trachea, extending in some instances to the larynx above and to the bronchi below, which may be characterized by the epithet exudative, *i. e.*, accompanied with the exudation of a fibrinous compound upon the free surface of the tracheal mucous membrane, adhering there and accumulating as the disease progresses, and blocking up, as it were, the windpipe, and thus shutting off the respiration. There is an anatomical difficulty in getting rid of this product of the inflammation, even were it to become detached. This difficulty consists, in part, in the peculiar conformation of the glottis, and also in its extreme sensibility, which will not tolerate without spasm the touch of anything from within or without, except atmospheric air. To get rid, therefore, of the inflammation, and thus to obviate its consequences—death by suffocation—is the paramount indication in its treatment. I am abundantly satisfied, by ample experience, that we are in possession of no remedy that will meet this indication so surely and so expeditiously as ice, and notwithstanding the apprehensions of the old women, and the condemnation of medical men in high standing, I would now no more think of treating true croup without ice, than of treating a severe attack of malarial fever without quinine.

Let the little patient's chest be protected by two or three folds of flannel, and let a bladder partially filled with coarsely pounded ice be applied in front of the neck, and retained there closely, and as soon as the ice in the bladder becomes melted, or nearly so, let it be immediately replaced by another which has been prepared beforehand, thus giving no time for injurious reaction in changing the bladders. The ice should be unremittingly applied, till the last vestige of the peculiar metallic or brassy sound is no more to be heard in the cough.

The employment of ice does not preclude the use of other appropriate measures, as a mercurial cathartic, occasional emetics, verat. virid., tart. antim., etc. Spasm of the glottis being an extremely distressing element in most cases of this disease, the patient should at once be brought fully under the influence of belladonna (evinced by dilatation of the pupils and capillary congestion of the face), and so kept under its influence throughout the whole course of the disease.

When we study the physiological action of this medicine in connection with the spasmodic element of croup, the beneficial influence of this drug cannot fail to be seen and appreciated.

Acute laryngitis is not a very frequent disease in this section. In a continuous practice of over 38 years I have encountered only four well-marked cases. In acute laryngitis we have not the fibrinous deposit, as in true croup, but in its stead, infiltration into the abundant loose submucous areolar tissue about the glottis, and, per consequence, death by apnœa. It is an admitted fact, that the treatment prescribed in standard works for this particular form of croup, and for acute laryngitis, is notoriously unsatisfactory in its results—failure being the rule, success the exception. It is true I have treated but one case of well-marked acute laryngitis in the adult since adopting the ice treatment. In this instance the disease was ushered in with rigor, followed by heat of surface, pulse 135, tenderness over the *pomum adami*, complete aphonia, painful deglutition, every movement of the tongue accompanied with pain. Ice in bladders was unremittingly applied to the front of the neck for four days and nights; cal., tart. antim., verat. virid., etc., were used; but without the ice I would have had but little confidence in any treatment. Permit me to say that if I were restricted to the use of but one remedy in these two inflammations, that remedy would be ice, emphatically, ice.

J. N. Norris, M.D.

Birmingham, Iowa.

Leonurus Cardiaca in Asthma.

Ed. Med. and Surg. Reporter:—

I would call the attention of the profession to the use of this plant as a therapeutic agent of marked value in spasmodic asthma, and other diseases of kindred character, such as palpitation of the heart, hysteria, etc., and all of that class of affections usually styled nervous in popular parlance, and which seem to depend upon morbid excitability, or erethism of the nervous system. I do not claim that I am presenting a new remedy to the profession, only a new application of an old and valuable agent, which, in my opinion, has been too much overlooked and neglected. Its common name, motherwort, points to the fact that it has been long known as a remedy in certain diseases peculiar to females (notably, hysteria). I found it in popular use as a remedy for palpitation of the heart, and I have myself prescribed it with pleasing results in functional derangements of that organ resulting from nervous exhaustion, the debility of convalescence, mental over-strain, and grief, using it as a calmant to the nervous system in those cases in which I wished to avoid the routine practice of giving opiates; but it is to its use in spasmodic asthma that I wish to call the attention of the profession more particularly.

I had a case of spasmodic asthma which I had been treating for about twelve years, and had nearly exhausted my resources and my patience, had used nearly everything recommended in books and journals, including the much vaunted grindelia robusta, with not very encouraging results. I was called in haste to relieve this patient, and having prepared some of the remedy, I took it along with me, as I had tried nearly everything else I could learn of, and wished to give this anti-spasmodic a test. I directed a teaspoonful of the saturated ethereal tincture of the plant to be taken every twenty-five or thirty minutes until relieved. I had a patient very ill a short distance from this one, and I left to visit him, but returned before the third dose was given, and to my astonishment found my asthmatic patient almost completely relieved of the paroxysm. She thanked me, and said that she had never tried anything which had afforded her such prompt and perfect relief, and this it continued to do so long as she took this remedy, in subsequent attacks. It may be proper to state that this patient was a woman who had passed the climacteric for some years, was a sensible person, not subject to hysterical attacks. I prepare the remedy myself, in this way: I dry the plant in the shade, thoroughly; then rub the leaves in my hands, to break them up fine, and cut the stems and tops fine, and pack them in a large glass lamp chimney, filling the small end of the chimney with cotton; cork up the small end, and moisten thoroughly with spirits nit. dulcis and water, equal parts; let it macerate for three or four days, remove the cork, place a large rag or filtering paper over the small end, place the chimney in a glass fruit jar, whose mouth is small enough to hold the chimney by its tapering sides a considerable distance from the bottom of the jar; then displace with pure spirits nit. dulcis. The tincture which passes through should be passed a second, or even a third time, through the percolator; the object is to secure a thoroughly saturated tincture; add one drop of oil of anise to each drachm. Prepared in this way, it is a pleasant remedy to take, and looks like a fluid extract. This a rude pharmacy, but rural doctors, like myself, will appreciate it. I have used the simple infusion with good effect. The plant is a perennial, not a native, but has been introduced. Darlington calls it an "unsightly weed;" I do not agree with him; to me it is a beautiful plant, and worthy of more extended use as a medicine.

Perrysville, Ind. E. T. Spottiswood, M.D.

An Anencephalus Monster.

Ed. Med. and Surg. Reporter:—

January 11th, 1879, I was called to see Mrs. L., who was about to give birth to her second child. I found the os uteri rigid, with annoying, though not effective pain; I gave her three grains of ipecac.; waited near half an hour, when the uterus acted well. Made a second examination; found the os well dilated, with a peculiar body inside which would recede from my touch, so I could not determine its character. I then ruptured the membrane, when about one and a half gallons of liquor amnii passed off (the largest amount I ever met in one case). The uterus contracted quickly after the discharge of the fluid. I then found an anencephalus monstrosity, which was born in a few minutes. The child was plump, but rather small, and never respired, as the me-

dulla oblongata was absent. The auditory canal was perfect, but the pinna of the ear was unusually small and a little deformed. There was a serous membrane, with a well marked cicatrix near its centre, that lay on the base of the cranium. I did not notice a vascular tumor, as reported at the base of the skull in the majority of such cases. I do not remember of ever reading or hearing the cause of this class of deformities; but from the cicatrix and appearance of the membranes lying on the base of the skull, I concluded this case was caused by an ulcer destroying the absent part during the early period of gestation, and then healing, leaving only its footprint. If any one will furnish a better hypothesis I would be pleased to hear it.

The mother was healthy, and gave no signs of constitutional trouble. She gave birth to a perfect child about three years ago. She did not anticipate anything wrong in this case, and had no cause by which to account for the defect, as mothers usually have. The case is certainly a rare one, and one of interest to me, so I report it, for the benefit of others.

H. G. Clippinger, M.D.

Pipeston, Mich., Jan. 28th., 1879.

Instance of False or Simulated Labor.

Ed. Med. and Surg. Reporter:—

Not long since, Mr. N. A. called at my office, stating that his wife had rheumatism; was pregnant for four months. I prescribed the usual remedies. Did not hear anything more for about a week, when he again called, saying she was no better with the rheumatism, and that she was bloating all over, from head to feet, as he said, suffering intensely. I again prescribed, as I thought, to suit the case, but in a few days I was called in great haste to see her. Upon my arrival she was sitting in a large arm chair, having all the appearance of a woman at full term, with the addition of the cellular tissue being invaded with liquor to the fullest capacity; in fact, she made a frightful appearance. I stated to her she must have been mistaken in regard to pregnancy. She said she was not.

I proceeded to make an examination per vaginam. Was surprised to come in contact with a large sac of amniotic fluid, extending down in the vagina, the os being greatly dilated. Just at this juncture the membranes ruptured, and the amount of liquor escaping was beyond anything I ever experienced in all my practice. At this time I was almost certain that labor was at hand, and told the husband that he could calculate upon receiving an increase in his family. The lady said she felt immediate diminution of all her suffering, and after the liquor had escaped she felt no more rheumatism or any inconvenience from the anasarca; indeed, the anasarca gradually subsided, so that in two or three days the cellular tissue was in a normal condition, and remained so. After the liquor had all escaped, I proceeded to make another examination, when, to my great surprise, I found the uterus was contracted to the size of a four months' pregnancy, and the external and internal os was contracted back to a normal size.

She continued from this time on to improve, and in a few days was about her work as usual, performing the work of a farmer's house. Now why was all this? and where did this liquor in the cellular tissue go? and was this a false membrane? I ask and write this for information.

She went on in the even tenor of her way until full term, when she was delivered of a large, healthy child. Both mother and child did well, and continue so up to this time. She was the mother of eight children prior to this, and had no trouble with any of them.

J. A. Hutchison, M.D.

Salamonia, Ind., Jan. 30th, 1879.

Rupture of the Eyeball.

Ed. Med. and Surg. Reporter:—

In May last I was called to see O. R., a carpenter by trade, who, while driving a nail, had the misfortune to have the nail rebound and penetrate the eyeball. He immediately pulled the nail out and the aqueous humor ran out into his hand. I am unable to say, positively, whether the crystalline lens was also lost at this time or not; one or two other physicians have seen the case since the recovery, and think it was. The cornea was badly torn, and the ball of the eye much flattened, from the loss of the aqueous humor. I immediately closed the eyelids and kept them closed for ten days, keeping them constantly wet with water to which had been added a little tr. camphor, using it at first cold, afterward warm, as was agreeable to the patient. At the end of ten days I opened the lids and found the wound in the cornea granulating and healing well, with the aqueous humor reproduced, and the eyeball of its usual size. The improvement continued until the wound had entirely healed, which now leaves a cicatrix about one-sixteenth of an inch long, just underneath the pupil; but about one-third of the pupil is closed by the cicatrix. Vision sufficient to distinguish objects and colors, etc., still remains. The accident resembles the operation for cataract, except in the instruments used.

H. W. Hendrick, M.D.

Hyde Park, Vt.

Foreign Body in the Stomach.

Ed. Med. and Surg. Reporter:—

The following being of unusual occurrence, and one more instance of foreign bodies taken into the stomach, please give it place in your valuable paper. On November 1st, 1878, a babe of eight months, only child of Mrs. N., was left in the sitting room while the mother was attending to her household duties, and on her return she found her child nearly choked to death; finding the stocking off one foot, she thought of the shield pin, or protection pin, and concluded he had swallowed it. She sent for a physician, who not being at home when word was left, another doctor was called in. On receiving the summons, I went to the house, but made no examination. I understood from the parents that castor oil had been ordered for the child to take at bed time. The night of November 2d the father wished me to see the babe, as it seemed

to be choking to death, and the physician who attended in my absence refused to go. I went to the house, and found the child with great apnœa, lips purple, and every indication of dissolution. Believing that, in case the child had swallowed the shield pin open, in its course to the stomach a local inflammation had set up, I adopted a palliative course of treatment. By faithful attention for several days, the child improved. I ordered him to have other food, such as oatmeal and mashed solid food, and trust to nature to accomplish the removal of the foreign body, notwithstanding the prognosis of other medical men, who claimed that no one of a scientific turn of mind would assert that the child could live more than two days with such a substance in the stomach. But such scientific sophistry did not kill the child, for just eighty-five days from the time of swallowing the open shield pin, which was one inch in length, it was passed, in great pain, at stool, in hardened fæces. J. H. TILFORD, M.D.

Windom, Minn.

NEWS AND MISCELLANY.

The New York State Medical Society

Met at its regular Annual Session in Albany, on Tuesday, February 4th. The meeting was attended by about one hundred and fifty delegates. A full report of the proceedings has been forwarded by the representative of the REPORTER, but owing to the crowded state of our columns, its insertion is postponed until our next issue.

Cremation in London.

Professor Gorini is, it is stated, "superintending the erection of a funeral pyre on a site belonging to the Cremation Society of London. The pyre is on the same system which has been approved in numerous cremations at Milan and other places in Italy." The works will doubtless be all that could be wished by those who approve the system. The Sanitary Council of Munich is reported to have recommended cremation under certain circumstances:—"1. After battle. 2. During certain epidemics. 3. Where the transport of bodies is difficult. 4. Where the soil is unsuited for inhumation."

Items.

—St. Petersburg possesses thirty-five public hospitals. Of these, eleven are devoted to women, including three lying-in hospitals and one ophthalmic hospital; two are skin-disease hospitals; three hospitals for children; fourteen general hospitals; three hospitals for the insane; and one hospital devoted to men only. In addition, there are thirty-six private hospitals and dispensaries in the city.

—That science is favorable to longevity seems to be attested by the mortuary record of the Royal Society for last year. Of nineteen members who died but one was under 60; six were between 60 and 70; eight between 70 and 80, and four above 80 years of age. The three foreign members of the society who died during the year were aged respectively 77, 84 and 90 years.

QUERIES AND REPLIES.

Dr. H. E. Z., of Pa.—"Will you please give the best form for administering salicylate of soda?"

Ans.—We extract the following formula from the sixth edition of Napheys' *Medical Therapeutics*, as one of the best:—

R.	Acidi salicylici,	3j	
	Spiritus ætheris nitrici,	f.3vj	
	Sodii bicarbonatis,	gr. lxx	
	Spiritus lavandulæ comp.,	f.3ij	
	Aquæ,	f.3ij	
	Syrupi aurantii corticis,	ad f.3vj.	M.

Sig.—A teaspoonful every 3 or 4 hours.

"In preparing this prescription, mix the acid and the spirits of ether in a bottle, then add the soda, and afterward the water, gradually, till effervescence ceases, and then the lavender and the syrup. This compound is palatable, and agrees well with the stomach." (*Med. Ther., p.* 430.)

Scalpel.—"Can you recommend an *Index Rerum* for indexing medical matters?"

Ans.—No special one for this purpose is prepared. The plan suggested by the Rev. Dr. Todd can be applied. We used it for some years satisfactorily. Newspaper men now prefer the envelope or card plans.

Dr. E. G. C., of R. I.—"Can disease be communicated by the lunar caustic? For instance, suppose a chancre is cauterized, either a hard or soft chancre, and the same stick of silver used to cauterize a canker sore of the mouth; will the syphilitic disease be communicated?"

Ans.—We are inclined to answer in the negative, but prefer to refer the question to our readers. Have any of them facts of this nature to report?

MARRIAGES.

ALVIS—SANDERSON.—At the residence of the bride, near Chulahomo, Marshall county, Miss., January 15th, 1879, at 3 o'clock, P.M., by Rev. J. D. Cameron, of Holly Springs, R. H. Alvis, M.D., and Miss Dannie Sanderson.

CRAMP—KEEFER.—On Wednesday, January 29th, 1879, at the residence of the bride's parents, by Rev. Francis L. Robbins, D.D., Edwin S. Cramp and Rebecca Baird, daughter of W. W. Keefer, of Philadelphia.

DAVIS—PEFFER.—On New Year's day, by Rev. James Vance, of Carlisle, Pa., Dr. J. C. Davis, of Mt. Holly, and Ella C. Peffer.

PANCOAST—FERNALD.—In Philadelphia, on the 14th ult., at the residence of the bride's parents, by Friends' ceremony, and also by the Rev. M. Ballou, Dr. S. Pancoast and Carrie A., only daughter of N. M. Fernald, and niece of the officiating clergyman.

DEATHS.

BARKER.—At Jamaica, Long Island, on the 27th ult., Bessie, daughter of Charles H. Barker, M.D., aged 16 years.

DICKEY.—In New Orleans, La, on January 29th, 1879, Dr. W. L. Dickey.

FITCH.—In New York, Tuesday evening January 28th, Samuel Sheldon Fitch, M.D., son of the late Samuel Sheldon Fitch, M.D., aged 31 years.

WILLIAMS.—In Philadelphia, on the 15th ult., Agnes, wife of Dr. W. Williams, and daughter of John J. and Rachel S. Rewan.

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Communications.

HEREDITARY DESCENT OF DISEASE.

BY WORTHINGTON MYERS, A.M., M.D.,
Of New York.

"Visiting the iniquity of the fathers upon the children, unto the third and fourth generation."

Never was there a more solemn sentence pronounced than this; whether viewed as a direct communication from the Almighty, or the enunciation of a fact derived by observation from the page of nature, its truthfulness is equally indisputable. The Christian and the skeptic, the philosopher and the savage, must alike receive it as the inexorable law of their existence.

Awful and impressive as it is, the warning is not apparent to all; the overwhelming influence of self-love is so powerful in blinding the judgment and perceptive faculties, that even while in possession of abundant facts to guide them to the truth, thousands still resist the conviction, and often deride the assurance when presented to them by the physiologist; nay, we have seen them repel it when forced upon their notice in the shape of some bodily deformity, mental obliquity, or even loathsome disease, too evidently derived from themselves. And here opens a wide field for the Christian jurist and philanthropist, one which the present century will undoubtedly settle, despite the croakings of an antiquated superstition; a question as broad as the responsibility of society for crimes committed by individuals of feeble intellect, from propensities derived from their progenitors, and impulses fostered by the genial influence of the institutions of that very society designed to prevent them; witness the total absence of classification in our poorhouses, prisons, and school houses, often under the supervision of individuals whose very personal appearance too surely convinces the beholder that they acknowledge subjection to the impulses of their animal existence alone.

The study of mental diseases is rapidly growing in interest and importance to the profession at large. The question of the proper care and treatment of the insane engages the attention, not only of medical men, but of our legislators, boards of charities, philanthropists, and all who are accustomed to think upon the great matters which affect the welfare of mankind.

During the past hundred years marvelous changes have taken place in the opinions of physicians regarding, and the conduct of the public toward, this most unfortunate class; and even more marked is the contrast, in these respects, between the present and the middle or remote ages.

We know that disease is transmitted hereditarily, first, by the low condition of the physical organization of one or both parents; induced often by intemperance; second, the intermarriage of relatives.

Among certain classes of miserably paid and poorly fed workmen the physical system degenerates so rapidly that the children are feeble and puny, and but few live to maturity; and the grandchildren are still more puny, until, in the third or fourth generation, the individuals are no longer able to perpetuate their species, and the ranks must be filled up by fresh subjects from other walks of life, to run, perhaps, the same round of deterioration. It would seem that startled nature, having given warning, by the de-

generated condition of three or four generations, at last refuses to continue a race so monstrous upon the earth. We see here another of those checks and balances which the exhaustless wisdom of God preëstablished in the very nature of man, to prevent his utter degeneration. As the comet rushing headlong toward the sun is, by the very velocity which it gains, and which seems hurling it into the burning mass, carried safely beyond, so a race of men abusing the power of procreation may rush on to the path of deterioration, until, arrived at a certain point, a new principle develops itself, the procreating power is exhausted, and that part of the human family must perish, or regain its power by admixture with a less degenerated race.

We will take idiocy, for example, and it will be seen by the tables that by far the greater part of idiots are children of parents one or both of whom were of scrofulous temperament, and poor, flabby organization. Out of 420 cases of congenital idiocy which were examined, some information was obtained respecting the condition of the progenitors of 359. Now, in all these 359 cases, save only four, it is found that one or the other or both of the immediate progenitors of the unfortunate sufferer had, in some way, widely departed from the normal condition of health, and violated the natural laws. That is to say, one or the other or both of them had been very unhealthy or scrofulous; or hereditarily predisposed to affections of the brain, causing occasional insanity; or had intermarried with blood relations; or had been intemperate; or had been guilty of sensual excesses which impair the constitution.

This subject of the hereditary transmission of diseased tendency is of vast importance, but it is a difficult one to treat, because a certain delicacy makes people avoid it; but if ever the race is to be relieved of a tithe of the bodily ills which flesh is now heir to, it must be by a clear understanding of and a willing obedience to the law which makes the parents the blessing or the curse of the children, the givers of strength and vigor, and beauty, or the dispensers of debility, disease, and infirmity.

We know that specific disease is transmitted to the infant within the womb, and that the physical and mental characteristics of parents are thus entailed on posterity; how rational is it, then, to suppose that the actual condition of the parent at the time of its procreation and gestation should also leave its impress on the vegetative existence of the infant. The constant exhaustion of nervous energy by the unlimited exercise of the sexual passions of the parents will most assuredly seriously affect its development and leave its results visible at a remote period of its existence.

Seeking for the cause of the low condition of the bodily organization, a fertile one may be found in

Intemperance.

Probably the habitual use of alcoholic drinks does a great deal to bring families into that low and feeble condition of body which is a prolific cause of idiocy. By inspection of the tables it will be seen that out of three hundred and fifty-nine idiots the condition of whose progenitors has been ascertained, ninety-nine were the children of drunkards. But this does not tell the whole story. By drunkard is meant a person who is a notorious and habitual sot. Many persons who are habitually intemperate do not get this name, even now. By careful inquiry, with an especial view of ascertaining the number of idiots of the lowest class whose parents were known to be *temperate persons*, we found that *not one quarter* could be so considered.

The effect of habitual use of alcohol, even in moderate quantities, seems to be to lymphatize the whole bodily organization; that is, to diminish the proportion of the fibrous part of the body, that which gives enduring strength, and to make the lymphatic, or the watery particles, to abound in all the tissues. The children of persons so lymphatized are apt to be of a scrofulous character, and their children, again, are apt to be feeble in body and weak in mind. Thus, directly and indirectly, alcohol is productive of a great proportion of the idiocy which now burdens the commonwealth. If, moreover, we consider how many children of intemperate parents there are who, without being idiots, are deficient in bodily and mental energy, and predisposed, by their very organization, to have cravings for alcoholic stimulants, it will be seen what an immense burden the drinkers of one generation throw upon the succeeding one. Many a parent, by habitual stimulus applied to his own nervous system, renders his child infinitely more liable to be made a drunkard by the ordinary temptations of life, than the child of a temperate man would be, even if living from his youth upward within the extraordinary temptations of a bar room.

Another curse as fertile in the production of hereditary disease, or of a tendency toward it, is

Intermarriage of Relatives.

The cases are very numerous where nothing extraordinary is observable in the immediate offspring of such unions. On the other hand, there are so many cases where blindness, deaf-

ness, insanity, idiocy, or some peculiar bodily or mental deficiency, or a manifest tendency and liability to them, is seen in such offspring, that we are forced to believe they cannot be fortuitous. Indeed, the inference seems to be inevitable, that such intermarriages are violations of the natural law, though not such flagrant ones as always to be followed by obvious and severe punishment.

If two full cousins, who are both in good health, and free from any predisposition or tendency to any particular disease or infirmity, should marry, the probability is that their immediate offspring will have tolerably good constitutions, though no one can say how much less vigorous in body and mind they will be than offspring born to either parent from some one of a healthy family not related by blood.

But on the other hand, if a man in whose constitution there lurks a predisposition to any particular disease of mind or body, inherited from his father's family, should marry a daughter of his father's brother or sister, there would be a strong probability that the disease or infirmity would appear in the offspring, while the probability of such reappearance would be less if he married a healthy cousin by his mother's side, and still less if he married a person free from all unhealthy predispositions, who was not related to him at all.

Now, as marriages between near relations are by no means in the ratio of one to twenty, nor are even, perhaps, as one to a thousand to the marriages between persons not related, it follows that the proportion of idiotic progeny is vastly greater in the former than in the latter case. Then it should be considered that idiocy is only one form in which nature manifests that she has been offended by such intermarriages. Blindness, deafness, imbecility, and other infirmities, we know, are more frequently the lot of the children of parents related by blood than of others.

Thus we have endeavored to prove that when we look at humanity by the light of physiological science, we cannot shut our eyes to the conviction that the known laws of our physical and moral being would, if properly understood and obeyed, elevate our spiritual nature far beyond the conception of the visionary enthusiasts who are so constantly deprecating our lost and fallen condition. All society proves the truth of our assertion; wherever the genial emotions of the soul are shut out by the severer regulations of asceticism, there will ever and anon appear some flagrant instance of vice, the result of smothered passion.

We need not point to the long catalogue of crime, nor to the shameless conduct of the false moralists of the present day, who would pretend to have us believe that the most innocent amusements of youth are a certain preparation for future crime. To the physiologist, who can only see the intent of nature through the written page of her living organism, they are equally available as a means of elevating the character and improving the mind of our species. He feels and knows, by virtue of that sublime and lofty science which has led him humbly and reverently to the footstool of his great Teacher, that her laws are written indelibly upon every living blade of grass, every insect and animal ever molded by her plastic hand, and are not to be disobeyed but with the certain result of impairing her handiwork and impeding her progress to the great end proposed, viz: the production of a perfect human being, with his intellectual and physical points equally developed.

THE PRACTICE OF MEDICINE AND SURGERY BY THE ABORIGINAL RACES OF THE SOUTHWEST.

BY W. J. HOFFMAN, M.D.,
Of Washington, D. C.

With few exceptions, the general treatment of bodily ailments is entrusted to the supposed supernatural power of a favored few, who are known under the name of "Medicine Men," "Spirit Men," etc. In some accidental or intentional manner one or more individuals obtain popularity in exorcising evil spirits, when the tribe, by common consent, entrust their temporal welfare to these scheming villains, who finally exercise powerful sway over the actions of the native community. Among some tribes the office is hereditary, and the "medicine man" is obliged to pass through various mysterious ceremonies. But among some of the more degraded bands of Arizona, the pretender may become the adopted physician, upon his ability to perform several incomprehensible tricks. To illustrate this, I will refer to some incidents which occurred among the Seviches, a small band occupying the northwestern portion of the Colorado plateau, in Arizona.

During a visit to the region, several years since, Mr. Charles Spencer, our interpreter, a man of more than ordinary intelligence, and who had for a number of years been connected with the mail service, gave me the following narration: "The chief of this band was of humble birth, and as he had great desire to become a 'medicine man,' he

waited until an opportunity presented itself. A custom, which had always been in practice in the tribe, required a 'doctor' to specify in advance the number of days required for the recovery of his patient. Failing in this three times, *i. e.*, should the patient, on the contrary, die, the life of the medicine man paid the penalty.* The Chief (would-be-medicine man), fearing the worst upon such a trial, decided to attempt a new form of intimidation. He announced that he was bullet-proof, and offered to allow any Indian to shoot at him from a respectable distance, provided always, that he be permitted to load the gun. The trick was a success, which depended upon the fact that, in casting the bullets, a piece of paper was laid in the mould so as to cut the metal into hemispheres in casting. When the metal and paper were removed from the mould, the two pieces of lead were pressed together and the edges pressed down with the aid of a knife blade, so as to cause sufficient lapping to make them adhere. In loading, these were separated, and the fragments, on account of their semi-spherical proportions, diverged sufficiently in firing to cause no danger to the individual fired at. In time the deception became known, when the tribe demanded the enforcement of the ancient usage; in this they failed, however, on account of the 'doctor's' wonderful success in prophecy. When a patient was submitted to his charge who was suffering from any but the simplest affections, the Chief would almost invariably prophesy a fatal termination upon a given day. During the interval various harmless infusions were administered; but as soon as the patient presented symptoms of recovery, when death had been predicted, it became necessary to administer another preparation which terminated the affair to the credit of the 'doctor's' reputation. This trickery was likewise suspected and discovered, but the very audacity of the perpetrator saved his life."

This story may, or may not, have originated with the Indians. I saw the person who was said to have figured in these transactions, although he had lost his position of influence, and upon questioning other members of the tribe regarding the veracity of the tale, they smilingly turned the subject, apparently disliking the idea of their having been duped. Considering the existence of similar customs elsewhere, with numerous instances of the display of even greater skill and ingenuity, also the intelligence of these Indians, with their knowledge of the art of manufacturing various articles, especially water vessels of grass, bark and reeds, I am inclined to believe there is more truth than fiction in the above narrative. This tribe are exceedingly filthy in their tastes and selection of food, which may be accounted for by the extreme scarcity of the necessary game for subsistence; they are often forced to devour reptiles, insects, and other disgusting substances, for the maintenance of a depraved existence.

The success of these professors of sorcery and medicine often reaches to neighboring tribes, who think that a stranger might be more successful in the removal of evil spirits, than one of their own "medicine men." In fording the Colorado river, one of our horses had a hind leg broken, and had to be shot. Our Mojaves—an escort of fourteen men—immediately made a meal of the best portions, resulting in a severe case of colic for one of the participants. A few Pai-Utes had encamped upon the opposite bank of the river, and it had been hinted in camp that there was among them one who had a great reputation as a "doctor." The Pai-Ute was waited upon, and preliminaries arranged, which resulted in the promise of a blanket as a fee. The Indian soon arrived where the suffering Mojave was doubled up. The mode of procedure was as follows: The patient was laid upon the sand, face downward, when the Pai-Ute placed one of his feet upon the former's back, over the afflicted spot; then pressing it gently, as if he were kneading it, he would accompany the movement with a mournful chant, grasping the while at an imaginary object near his patient, and pretending to throw it violently into the air. After this had been continued for nearly an hour, he rolled the patient over on his back, taking the head and shoulders into his arms, and sang, rocking himself from side to side, repeating short phrases, and exorcising the spirit to leave; then, after a time, he would resume his former manner of treatment with renewed vigor, until altogether about three hours had been consumed. When the Mojave considered himself relieved, the Pai-

* Sir John Lubbock says the Macas Indians (Ecuador) have doctors, whose remedies, however, are mainly, if not entirely, magical. If they fail to effect a cure, they are sometimes put to death themselves. *Jour. Anthrop. Institute*, vol. III, 1874, p. 31.

Lieutenant Musters, R. N., says, "The position of wizard or doctor (among the Ahonicanka, or Tchonek-Patagonians proper) is not a very desirable one, as, in the event of his prognosticating a success in a war expedition, or cessation in sickness, or any other event, which is not realized, the Chief will, not infrequently, have him killed." "On the Races of Patagonia." *Jour. Anthrop. Institute*, vol. I, 1871, pp. 193–207.

Since writing the above, I have found additional proof of the existence of such a custom in the southwest. See article (anonymous) entitled "Sun-worship in the United States." *Rocky Mt. Presbyterian*, vol. VII, No. 10, 1878.

Ute received his fee and departed. During this performance great silence was observed, and we "who were not of them" were frequently admonished for laughing.

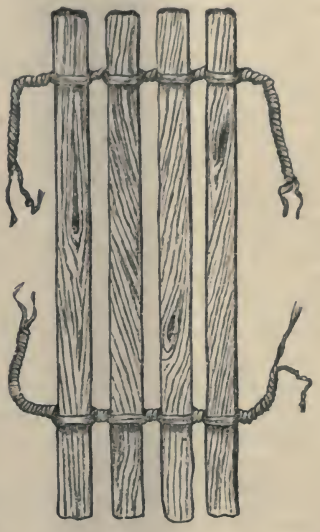
In this case, as in many others of similar nature, digestion, aided by mechanical manipulations externally, performed the cure, but owing to the wonderful superstition of the Indians, the so-called doctor received the credit of a cure, and innocently believed in his powers himself.

There are affections which are beyond the comprehension of even the wisest, when all attempts at treatment of any kind are despaired of. Some years since, during the epidemic of smallpox among the Dakotas in the vicinity of Grand River, D. T., most of those who had the premonitory symptoms of that disease committed suicide, by jumping into the Missouri River.

Among some of the tribes in the extreme southwest smallpox is considered a curse, and the only remedy is to destroy those who are afflicted. I was informed but a short time since, by Mr. Julius Partz, of California, that during a recent outbreak of the smallpox among the Pai-Utes of Owen's Valley, California, many members of the affected families were secretly put out of the way, because the sooner the afflicted family is disposed of, the sooner will the evil be removed. In what manner the victims disappeared could not be discovered; sufficient is it to know that they forever left their terrestial haunts.

It is a mistaken idea that Indian women suffer less during childbirth than their white sisters. One reason of this belief is, that the women pass through labor as stoically, and with as much apparent unconcern, as the Indians suffer the tortures of the initiatory ceremonies at their annual meetings, where they are to be received as warriors. Among the Coyotéro Apachès a different ceremony is observed before the birth of a child, than among any other tribes with which I have come in contact, or to which any allusions have been made. As soon as labor pains set in, the woman is tied against a tree, with the hands above the head, and left in this position until the child is born, when she is removed and properly (?) cared for. Dr. Milan Ioute says this cruelty does not appear to affect them in any perceptible manner, and they are a much shorter time in resuming their usual avocations than the most robust white woman that he has known.

The Coyotéros employ a splint in fractures and gunshot injuries of the extremities which is well worth noting. The accompanying illustration represents a portion of an appliance which had been used by a warrior in a case of comminuted fracture of the middle third of the left humerus. It consisted of twelve or fifteen strips of cedar wood, each of which was about a quarter of an inch thick, three-fourths of an inch wide, and from six to eight inches in length. About one and a half inches from the ends the slats were secured by means of thin bands of sinew, allowing a narrow space between each. The



splint was then applied to the arm, and secured by tying the loose ends of sinew. Through the spaces between the strips water could be applied to the wound without injury to the appliance, and a free discharge was likewise secured.

It is a singular fact that among the thousands of Indians with which I have come in contact, I have never seen one who was crippled or deformed. The nearest approach was two prominent Dakotas, who were maimed by intention, by their jealous wives. There are cases of club-foot—*equinus*. Ordinarily, wounds are treated with cold water. It is wonderful to see the recoveries, after gunshot or arrow wounds. Running Antelope, a prominent Ouc-pa-pa Dakota chief, has been seven times severely wounded; the most important recovery being that after having been shot through the lower portion of the abdomen. The ball entered the left groin, passed through the bladder, and left the body at a point over the crest of the right ilium, about four inches from the spinal column. Gall (Pé-zé), prominent among the hostile Sioux, while wounded on the field, and feigning death, was pierced by two bayonets in the hands of enraged soldiers. The weapons passed through both breasts, and protruded from the back, and this

without even so much of a motion as to cause a suspicion of the presence of vitality. Later in the night this same Indian crawled over four miles, to the camp of his people. Gall, by the way, possesses the finest physique that I have ever had the gratification of beholding. The scars, which are still very distinct, he frequently shows with pride, and says they are the cause of his bitter hatred toward the white man.

Abortion is of common occurrence among the Sioux,* but I have not heard of its practice among the tribes inhabiting the southwestern States and Territories.

The Apachè Mojaves, and Coyotéro Apachès employ several varieties of herbs and barks, most of which I was unable to identify, owing to the dried, crushed, and semi-pulverulent condition in which I saw them. Willow bark, thoroughly bruised, is often taken in the form of a decoction, as a cure for intermittent fever. The latter is of rare occurrence in the higher regions of the interior, and when found is often accompanied by dysentery (as is the case with the troops at Camp Apachè). Dr. Loëw † says the bark of *Populus tremuloides* is used by the Indians for fever and ague, but he fails to specify the tribe by whom it is employed.

The Apachès, in general, remove the poison of the rattlesnake by sucking the wound, having the younger members of the tribe to perform this service, on account of their having sound teeth. Cases of recovery are not uncommon. Their knowledge of the effect of this poison has prompted them, as well as other tribes, to employ it, with other matters, in the preparation of arrow poison.‡

Venereal diseases appear unknown among those tribes who have as yet but little or no intercourse with the whites or Mexicans. The Mojaves, since the arrival of the United States troops, and the floating element which usually precedes civilization, have been fearfully afflicted with syphilis. These Indians are not noted for strict adherence to marital vows or laws, neither are the girls, for chastity, thus affording an opportunity for remarkable and rapid progress of disease, which has been doing more toward the gradual extinction of the tribe than all other causes combined. They claim to gain relief in taking certain quantities of the saline efflorescence which forms on the muddy banks of the Colorado river during summer. This consists chiefly of sodium chloridi, magnesium chloridi, and sodium sulphate, with which the water is largely impregnated, and which is formed by evaporation during the hot season. No salutary effects can be obtained from this in the hands of the Indians, and Dr. Stirting, formerly Post Surgeon at Camp Mojave, says he has never seen any perceptible benefit, during his residence there.

At their first contact with the whites, the Mojaves claim that they were free from the disorder, as do all tribes who now present cases. The question as to whether the disease originated in America has been ably discussed by learned writers.* It was at one time supposed that the disease originated in the West Indies and adjacent portions of North and South America, from the eating of fish which had been secured by poisoning.

This subject is discussed by Clavigero,† to whose work I would refer the reader. According to Klemm, one or two of the tribes of Mexico possessed vegetable remedies for the cure of syphilis.‡

The very common and widespread use of the "sweat house" in sickness cannot be treated of in this paper. The practice extends over nearly the whole of the North American continent, and was known to the ancient Mexicans by the name of *temazcalli.*

* See article published on the subject, in *American Naturalist*, xii, 1878, p. 225.

† List of Plants of Med. and Tech. use, "U, S. Geograph. Surv.," west of 110th Mer., vol. iii, p. 608.

‡ For more detailed information upon this subject, see article entitled "Poisoned Arrows," published in *The Pacific Rural Press*, vol. xv., No. 9 (Feb. 6, 1878), p. 82.—*The Daily Post* (Pittsburg, Pa.), Jan. 26, 1878. The tribes referred to, including the Dakotas, Crows, Blackfeet, Assiniboines, Coyotéro Apachès, and Diggers of Upper California, the Ceris, or Seris, of Northern Mexico, and other tribes extending from Eastern Siberia down to Patagonia, employed various agents for hastening death, either in warfare or the chase.

* See Dr. Rees' "Cyclopedia, or Univ. Dict. of Arts, Sci., and Lit." Philadelphia. Vol. I, under the title of "America."

† Su l'origine del Mal francese. Storia Antica del Messico. D. Francessco Saverio Clavigero, 1781, tome IV., pp, 303–328.

‡ Quoted by Bancroft, in "Native Races," etc,

——In a pamphlet by Dr. H. W. Paine, of Albany, entitled, "Is the Homœopathic School Unsectarian?" that worthy gentleman tries hard to bring his brethren up to the level of the Apostle's advice: "Prove all things; hold fast that which is good." We sympathize in his efforts, but think he takes much the longest way round. Why is it that such men do not see (as we have repeatedly stated) that nothing prevents a "regular" physician from practicing by the law of similars as well as by that of contraries?

Hospital Reports.

HOWARD HOSPITAL, PHILADELPHIA.

CLINIC OF DR. CHAS. S. TURNBULL,

Surgeon to the Eye and Ear Department.

Reported by Chas. E. Sajous, M.D., House Physician.

Perforating Wounds and Injuries of the Membrana Tympani,

Apart from those which arise from inflammation or its consequences, are by no means uncommon, and may be caused by penetrating instruments or foreign bodies passing through the meatus. The too popular and dangerous habit of introducing hairpins, bodkins, spectacle arms, knitting needles, pen holders, lead pencils, tooth picks, pins and ear pickers, in short, any instrument that is small enough, for the purpose of removing wax, or even of scratching the ear, is the most fruitful source of perforating wounds of the membrana tympani. Children, it is well known, through curiosity or out of mischief, thrust foreign bodies and sharp-pointed instruments into their own as well as other children's ears. In adults, who are expected to know better, the only reason we can assign for such reckless abuse of the organ of hearing is, that they have either no conception of its formation, or else they use such instruments as those enumerated foolishly imagining them harmless, since custom has seemingly sanctioned their use. Many more cases than would be supposed, of deafness in old people, are caused by picking the ears. If such constant irritation does not cause thickening of the walls of the meatus, or of the membrani tympani, and so impair hearing, an accidental thrust from the hand, or the unlucky slip of an elbow, or jostle of a passer by, will injure or even perforate the delicate membrane. That the irritation and itching in the meatus so often complained of by old persons calls for more than the ordinary means of relief, we do not deny, but as there exist many safer plans of obtaining relief, those fraught with danger must be avoided. Our advice is, invariably, never, on any account, introduce into the external auditory canal *anything smaller than the little finger*. Intolerable itching which cannot be relieved by the little finger may always, with safety, be allayed by the application of any pure grease, discarding the much vaunted and fashionable glycerine, and particularly recommending cosmoline and vaseline. The best treatment which can be adopted for recent injuries of the membrana tympani is to LET THEM ALONE. If inflammation should arise, it must be met by local depletion. The late Sir William R. Wilde, of Dublin, the Nestor of Aural Surgery, promulgated this sound advice over twenty-five years ago. He said, furthermore, "While we experience the greatest difficulty in keeping open a perforation made with a surgical instrument, accidental openings seldom close." We would here take exception, and state that, of a truth, we experience the greatest difficulty in keeping open perforations made with a surgical instrument, but on the contrary, have experienced no trouble whatever in healing accidental openings.

In case of accidental laceration, perforation, or rupture of the membrana tympani, where inflammatory symptoms still exist, it is not desirable to do more than introduce a light pledget of cotton wool into the meatus, to prevent the injurious influence of draughts of air, or the vibrations of loud sounds. Where the resultant inflammation is great, leeches must be applied behind the ear, under the concha (from five to eight European leeches), and subsequently, until the healing process be completed, counter irritation, in the form of strong tincture of iodine painted over the mastoid region, should be continued until the healing process is completed. By way of precaution, the patient should be warned of the danger attendant upon violent coughing, sneezing, blowing of the nose, straining efforts, exposure to draughts, etc.

The two following cases will serve to show the importance of non-interference in the successful treatment of accidental perforation of the membrana tympani.

Case 1.—Traumatic Perforation of the Membrana Tympani, with Fracture of Handle of Malleus.

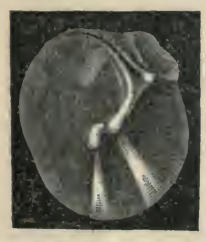
Charles F., aged 19, teamster, presented himself, complaining of deafness and tinnitus, with pain and purulent discharge from the right ear, caused by an injury. Two weeks previously, a boy sitting near him had called his attention while he mischievously held a pointed pen holder near the opening of the external meatus, and the sudden responsive movement caused the pen holder to penetrate to the bottom of the canal, and as the subsequent examination proved, perforate the membrana tympani. There was some dizziness but not much pain experienced at the time, and slight hemorrhage was detected by the point of the handkerchief. After having been exposed throughout the day, he retired, but toward midnight the pain became excruciating and was accompanied by a noise like an engine blowing off steam. His mother used hot fomentations, which, however, did not suffice to relieve him. The following morning he sought the advice of a neighboring apothecary, who kindly prescribed, and more kindly instilled, a few drops of a strong solution of nitrate of silver. The pain and tinnitus remained the same until the evening of the third day, when both subsided with the appearance of a purulent discharge. The latter, with more or less pain and tinnitus, continued up to the time of application for treatment.

S. P. Auricle red, slightly swollen and painful on pressure; meatus swollen and partially occluded and filled with whitish-yellow pus; hearing distance, loud watch, on contact.

After thorough cleansing with warm salt water, the parts were found to be so macerated that no details of the membrane, which looked like a white, opaque diaphragm at the bottom of the meatus, could be seen. Directing the patient to make the Valsalvian operation, *i. e.*, self-inflation of air, with closed mouth and nostrils, after a deep inspiration, the Eustachian tube was found to be involved, as no air passed through the perforation. A strong blast, however, from a Politzer bag, cleared the tympanum and caused the characteristic perforation whistle, and, as is unusual, caused sharp, lancinating pains, and increased the tinni-

tus. Hearing distance now increased to one inch. Prognosis favorable.

Treatment.—No medicament being necessary, the patient was directed to use half a pint of a *warm* solution of salt and water in syringing the ear, once every morning, and instructed in inflating the tympanum and thoroughly drying the meatus after each syringing. The patient was furthermore directed not to cover the ear while indoors, and, above all, forbidden to place cotton in the meatus at night. While out of doors pledgets of absorbent cotton were worn in the meatus, being removed from time to time, upon becoming saturated with the secretion. Absolute rest was enjoined for but forty-eight hours, because at the end of that time all symptoms of acute inflammation, *i. e.*, pain and annoying tinnitus, had passed. He visited the hospital three times each week, when the meatus was thoroughly cleansed, and Politzer's bag was used to inflate and free the middle ear from secretion. By way of counter irritation, tincture of iodine was painted over the mastoid region. Each week the hearing power was increased, and the discharge successively changed from pus to muco-pus, and finally tenacious mucus. This latter secretion was, as in all such cases, difficult to remove. At the end of the third week the details of the membrana tympani could be made out, and in its centre was a crescentic rent involving about one-third of its diameter. Through this valve-like opening, during the act of forcible inflation, the tympanal secretion was seen to ooze. Each inflation caused the flap to swing to and fro, and with it a small fragment of the lower portion of the handle of the malleus, and this motion caused sharp, lancinating pains, with intermitting tinnitus, of a roaring character. At the end of the fourth week, up to which time gentle but persistent inflation was used to blow out the secretion, the hearing power was increased to fifteen inches (for the watch), and all treatment was suspended. Occasional self-inflations (Valsalva's method) kept up motion in the ossicular joints, slightly stimulated the parts, and prevented adhesion of the fractured malleus and torn membrane to the promontory, so that in three months' time the hearing power was entirely restored. The appearance of the membrane was normal, with the exception of the contour of the handle of the malleus and the light spot, or reflex. The line of the handle of the malleus could be traced to within a short distance of its end, from which a small fragment, the size of a millet seed, had been broken. This fragment had become united, through some hyperostosis, but was the width of the bone out of its proper line. From the thickened point of union a narrow reflex extended, with its fan-shaped extremity toward the inferior periphery of the membrane. (See fig.) By the aid of Siegle's pneumatic otoscope the membrana tympani could be drawn outward, and with it the handle of the malleus with its united fragment, while the increase in width of the fan-shaped projection of light (reflex) proved the perfect action of the parts, which moved as a whole.



Had the fracture been higher up, *i. e.*, nearer the insertion of the tendon of the tensor-tympani muscle, the result must have been less satisfactory, because the upper fragment of the malleus, through tonic contraction of the muscle, would have been drawn inward, held down upon, and united to, the promontory.

Bibliographical Note.—Menière* reports the case of a gardener, who accidentally thrust a twig of a pear tree into his ear. There was very extensive laceration of the membrane, and the several parts of the malleus, and with it the remnants of the membrane to which they were attached could be plainly seen to move. The healing of this remarkable lesion occurred without "any special aid from art." A short notice of a similar case, without a history, accompanies a specimen in Toynbee's† collection, now in Hunter's Museum of the College of Surgeons, of London.

Politzer,‡ up to 1869, had seen but one case: "a wine merchant, while crossing his court, was scratching his right ear with a pen holder, when his elbow unexpectedly struck a door, which stood open, driving the pen holder deep into the ear. With a sharp cry of pain he fell down, fainting, and did not recover for some minutes. Since then he has heard badly, and suffered from constant ringing, especially when he lies upon the right side. When I saw the case, a year later, I was struck with the peculiar, distorted appearance of the manubrium, which at one point, close beneath the short process, appeared unusually thick and prominent, and from this point out, as it were, twisted upon its axis. In short, I was convinced that the condition could only be the result of a united fracture of the handle of the malleus."

Hyrtl§ described an ununited fracture in the ear of a prairie dog (arctomys ludovicianus), also close beneath the neck of the malleus, and having a precisely similar appearance.

Dr. R. F. Weir‖ describes a case of ununited fracture in a man, aged 32, who, four months previously, had fallen fifteen feet into an open areaway. He was unconscious for nearly sixteen hours, and there was some hemorrhage from the right ear; the pain lasted for nearly a month, and tinnitus continues. There was no history of a foreign body having entered the ear. The hearing power was diminished. The drum membrane was normal in color, but a strange irregularity in the long process of the malleus showed the bone to be really fractured a short distance below the short process. The Valsalvian experiment caused displacement of the fragments, *i. e.*, they came into apposition.

* *Gazette Médicale* de Paris, 1856, No. 50.

† Catalogue of Preparations Illustrative of Diseases of the Ear. London, 1857, p. 68, No. 630.

‡ "Die Beleuchtungsbilder des Trommelfells im Gesunden und Kranken Zustrande." Von A. Politzer, Wien, 1865.

§ Wiener Medicinische Wochenschrift, 1862, No. 11.

‖ Transactions of the American Otological Society, Newport, 1870.

Hinton* says, "a case of fracture of the malleus, with total loss of hearing, came under my notice, in a man who had placed in his ear the rod of the pendulum of a clock he was carrying, and received a blow on his hand from a passer-by."

Case 2.—Traumatic Perforation of the Membrana Tympani.

Ernst R., aged nineteen, student of pharmacy, presented himself complaining of deafness, tinnitus, and pain, caused by an injury of the membrane which he had received in the following manner: While absorbed in taking notes upon an interesting lecture, he was suddenly seized with an intolerable itching in his right ear, which he sought to relieve with an unusually sharp-pointed pencil. An unfortunate jostle from his neighbor drove the instrument into his ear, causing an acute lancinating pain, which was followed by slight hemorrhage, and more or less deafness, with tinnitus, like the singing of a tea-kettle.

S. P., twenty-four hours after accident. Meatus red, and details of membrana tympani distinctly visible. Intense congestion of handle of malleus and periphery of membrane, in the lower portion of which, and about half a line from lower end of malleus, was seen a dark spot (perforation), the size of a white mustard seed. Self-inflation lifted the plug of dried blood, and caused a shrill whistle and some pain. Hearing distance for the watch three feet (normal distance for watch twenty feet).

Treatment.—Directed a light pledget of cotton wool to be placed in the meatus, and worn when out of doors or at college. Applied tincture of iodine behind the ear, and cautioned the patient against violent blowing of the nose and straining efforts. The inflammatory symptoms rapidly subsided, and so did the annoying tinnitus. In a few days the dried coagulum fell from the site of the perforation, which remained marked by a dull white spot.

A fortnight after the accident all traces of the injury had disappeared, the membrane appeared normal, and the watch was heard at twenty feet.

Case 3.—Foreign Body (Bug) Removed after having remained Three Years in the Ear.

J. C., aged fifty-two, farmer, Lawrence county, Pa., was awakened one summer's night, three years ago, by a large bug which had crept into his right ear. He suffered agony from pain and distress, caused not only by the insect's endeavors to escape, but also from the snapping noise it made. Each time the insect snapped, the noise was as if a pistol had been fired close to his ear. As speedily as possible his sensible wife filled his meatus with olive oil, and succeeded in killing the insect. Having experienced complete relief, he again retired and slept until morning, when he sought the advice of a physician, who assured him that the bug had escaped with the superfluous oil. Feeling relieved in mind, he gave the accident no further consideration for at least six months, when increasing deafness and slight tinnitus recalled it to him. He again sought medical advice, but was reassured of the entire absence of any foreign body. He himself persisted in the idea of the bug's presence in his ear, while his family, as well as his medical advisers, laughed at his persistence. While on a visit to this city, to accompany his daughter, who was being treated for aural disease, he narrated his story and suggested an examination.

The meatus was large and straight, and at the bottom lay a black mass, having the appearance of a layer of impacted cerumen, which no amount of even forcible syringing would remove. Accordingly, as we have always found advisable in cases where the first syringing failed to bring away any impacted material within the meatus, the head was leaned to one side by resting it upon a table, and the meatus filled with a warm solution of bicarbonate of soda in glycerine and water (gr. x of the former to f. ℥ ss of each of the latter). After a half-hour's soaking, a mass the size of a French bean was removed, by syringing. This mass, consisting principally of wax and epithelium, had imbedded a black bug, belonging to the Coleopteræ (elater), familiarly known as the "blacksmith bug," so often seen late in the summer, and which is attracted by artificial light. The insect, which was perfectly preserved, had its mandibles fixed in the epithelium of the dermoid layer of the membrana tympani, which came away as an exfoliation. With the removal of this foreign body the hearing, which had been impaired, was restored, and all tinnitus immediately ceased.

*"The Questions of Aural Surgery." By James Hinton. London, 1874.

Medical Societies.

NEW YORK STATE MEDICAL SOCIETY.

The Medical Society of the State of New York met Tuesday, February 4th, at the Old Capitol building, Albany, the President, D. B. St. John Roosa, in the chair, who delivered the annual address, on "The Relations of the Medical Profession to the State." We greatly regret that the crowded condition of our columns precludes the possibility of giving the address in full, or even an adequate abstract. It is a production forceful and fitting, being replete with timely hints and suggestions. The relations of the profession to the State were ably considered, under the following heads:—

1. As Witnesses to aid in the Detection of Crime; or the breaking up of nuisances.
2. As Defendants in Suits for Malpractice.
3. As Educators of the Physicians of the future.
4. As Managers of Institutions for the Care of the Sick and Injured.
5. As Protectors of the Community from Quackery.
6. As Sanitary Advisers to the Commonwealth.

The address was attentively listened to throughout, and was highly commended.

The following committees were announced:—

Business Committee—Drs. J. C. Hutchinson, J. W. S. Gouley, James V. Kendall.

Nominating Committee—Dr. E. R. Squibb.

Committee on Ethics—Drs. W. C. Wey, E. M. Moore, A. L. Sanders.

Committee on Credentials—Drs. J. H. Hinton, W. S. Ely, D. Wolcott.

Dr. Squibb read an answer to a paper which was presented at the last annual session, and also read a paper in relation to the proposed decennial convention for the revision of the United States Pharmacopœia, to be held in Washington on the first Wednesday in May, 1880. In connection therewith, he offered a preamble and resolutions providing that the Nominating Committee present for election the names of three persons who shall constitute a delegation to represent the State Society at the convention, they to report the expense incurred, the same to be paid by the Society. The subject was referred to the Publication Committee.

Dr. Ely, of Rochester, followed with a paper on "Contracted Kidneys," in which he cited several remarkable cases which had puzzled the doctors, but which were, without doubt, cases where patients were suffering from contracted kidneys. The paper was discussed at some length.

Dr. Croke, of Otsego, offered a resolution extending an invitation to the Governor and such Members of the Legislature as belong to the profession, to participate in the proceedings of the Society. The resolution was adopted.

The president announced the following Committee on By-Laws: Drs. Wey, S. O. Vanderpoel and J. V. Kendall.

An inquiry into the legality of a resolution passed by the State Medical Society in 1872, requiring county medical societies to institute a preliminary examination of the qualifications of young men proposing to commence the study of medicine, was referred to the Committee on By-Laws.

Dr. N. L, Snow, of Albany, then read a valuable and instructive paper on "Fracture of the Femur," derived from a case treated by him. The paper was discussed at length and referred to the Publication Committee.

Dr. A. Mercer followed with an instructive paper on "Medical Education," which was discussed at considerable length.

The next papers read were one on "Tumor of the Cerebellum," by Dr. George T. Stevens, of Albany, and one by Dr. Rockwell, of Brooklyn, on "Intracranial Tumor."

AFTERNOON SESSION.

The report of the Committee on By-Laws was read by the Chairman, received, and laid on the table.

A report was made by Dr. Dimon, on "Expert Witnesses." Progress was reported and the committee continued.

Papers were then read, as follows:—

"Sections of the Brain," with specimens, by Dr. John C. Dalton.

"Further Contributions on the Treatment of Lupus," by Dr. Piffard.

"Glaucoma," by Dr. Webster, of New York.

"Sulphate of Eserin in Glaucoma," by Dr. T. R. Pooley, This paper was discussed by Drs. Noyse, Kneeland and Knapp.

"Relations of the Medical Profession to Abuses of Public Charities, by Dr. Sturgis.

Dr. H. P. Farnham moved that the Committee on By-Laws be requested to report the revised by-laws of the Society of the County of New York at this meeting. Carried.

"Electrolysis," by Dr. Fox.

"Baptisia Tinctoria in Treatment of Typhoid Fever," by Dr. Lawrence Johnson, of New York.

"Laparotomy in Intestinal Obstructions," by Dr. Crevling, of Cayuga county.

"Dislocation of Acromial Extremity of the Clavicle," by Dr. Walter B. Chase.

"A Case of Instrumental Delivery," by Dr. Joshua M. Gray.

The Society then took a recess until eight o'clock P.M.

EVENING SESSION.

At eight o'clock the Society reconvened, the attendance being large. The Society listened to an excellent paper on "Scientific Ghosts," by Dr. John C. Dalton, which was followed by a paper on "Ophthalmology, with Illustrative Demonstrations," by Dr. H. D. Noyes, of the Bellevue Hospital Medical College, New York.

Second and Third Days.

The Committee on Publication reported in favor of sustaining the present plan of publishing the transactions of the Society. Adopted.

Dr. Castle offered a resolution that the Society use the metric system in the transaction of its business. Carried.

Numerous papers were presented and read, either by title or in full. An important one was by Dr. E. R. Squibb, of Brooklyn, on "The Adulteration of Food and Medicines;" he also presented a draft of a law for preventing adulteration, and for the appointment of a State Board of Health. The law defines the offences as follows: (1) The adding of one or more substance to another, or others, whereby its strength, purity, quality or true value is reduced or lowered; such as corn meal in flour, chicory in coffee, terra alba in cream of tartar, and foreign substances in opium; (2) the substitution of one substance for another; such as artificial wines and liquors, mustard, and powdered colocynth seed for colocynth; (3) the abstraction of any part or substance so as to reduce its value; such as cream from milk, thymol from oil of thyme, etc.; (4) the application of the name of any substance to any part or parts thereof; such as oleomargarine for butter, potato starch for arrowroot, and dead oil for carbolic acid; (5) the presence in any substance of any impurity; such as dirt in all food and medicine, and metallic salts in canned provisions; (6) the admixture of different qualities of the same substance, with intent to deceive; such as damaged wheat in flour, and garden rhubarb in medicinal rhubarb; (7) the debasement or dilution of any substance, to reduce its intrinsic value; (8) the coloring, coating, polishing, powdering, or other alteration in the physical condition or sensible properties of any substance; and (9) the giving or selling, or offering for sale, or having in possession, of any adulterated article, by manufacturers or dealers. The proposed law also provides a penalty, not exceeding $200 for the first offence, and imprisonment for the second. The State Board of Health is to be selected by the Governor, to consist of two physicians, one chemist and physicist, one lawyer and one business man. The Board is to appoint a board of inspectors and board of prosecution,

to detect and prosecute violations of the law. The President and Secretary are to receive $3000 annually, the members $2000, and the inspectors and prosecutors $4000 each. Referred.

Officers for the following year were elected, as follows:—

President—Henry D. Didama, Syracuse.

Vice-President—Nathaniel C. Husted, New York.

Secretary—Wm. M. Smith, Manlius.

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Editorial Department.

Periscope.

Poultices in Rheumatic Arthritis.

Dr. Dieulafoy, in an article inserted in the *Gaz. Hebdomadaire* for November 29, observes that a considerable number of cases of inflammation of the joints pass into the chronic condition. Among scrofulous and lymphatic subjects, persons having gonorrhœa, and in women during the puerperal condition, arthritis has a great tendency to assume the chronic form. For this condition he recommends poultices.

According to the size of the joint, from one and a half to two kilogrammes of bread (two kilogrammes being required for the knee joint, and one sufficing for the wrist) are to be cut into pieces, care being taken to remove the hard portions of the crust; and these pieces are to be steeped in water for about a quarter of an hour. By this time the bread is saturated with water, and a portion of this is to be pressed out by means of a cloth or napkin, so as to leave the bread merely in a moist state. So prepared, the bread is placed in a water bath (*bain-marie*), where it should remain three hours; and when it is taken out it forms a kind of dry paste, which is to be moistened gradually by the addition of spirit of camphor. This mass is to be kneaded for about five minutes, until it has acquired the tolerably firm consistence of "plum pudding," or of glazier's putty. Here, indeed, is the delicate part in the preparation of the cataplasm, a firm consistence being essential; for if it is too soft it will become too diffused by the compression exerted over the joint, while if too hard it ceases to be homogeneous, breaking up into fragments, the indurated portions irritating the skin. The attainment of this consistence must be very carefully attended to, the tendency of those unaccustomed to the preparation of the cataplasm always being to make it too soft, either because they have not sufficiently pressed the water out of the bread before placing it in the bath, or that they have poured over it too rapidly too much of the camphorated spirit. The poultice thus prepared is to be spread upon a piece of cloth, the shape of an elongated rectangle, of sufficient size to allow the entire joint to be enveloped in it. It is desirable that the edges of the cataplasm should be at least a centimeter in thickness, in order to avoid the rapid dessiccation which takes place when the edges are thin. Over the surface of the cataplasm is spread a very liquid mixture, composed of camphor, seven grammes, extract of opium and extract of belladonna, of each five grammes, and alcohol, q. s. It is to be applied direct to the joint, and covered with oiled silk. The whole is fixed, and a somewhat energetic compression is exerted by means of a flannel bandage, several meters in length, a calico bandage of the same length being applied over the flannel one, the length of these two bandages depending upon the dimensions of the cataplasm, which has to cover the entire joint; and, to prevent their detachment, the folds may be sewn together. The compression exerted must be considerable, but not to the extent of producing œdema. So applied, the bandage should remain on eight or ten days, and on its being then removed, it is found to be as fresh, moist, and pleasant smelling as when first put on, the skin upon which it has reposed being in a perfectly healthy state.

The Treatment of Diphtheria.

Dr. D. D. Hovell writes to the *Lancet*—

The late Mr. John Scott used to treat severe cases of cynanche with "a scavenger"—viz., calomel, jalap, and scammony, after which they usually got well. Looking at a diphtheritic throat one day, I said to myself, Why should I not give this patient a scavenger? I did so, and remarked that the subsequent course of the disease was certainly cut short. I have since adopted the plan, and invariably found that the same good results have followed; the tendency to fresh deposits has much diminished, and in many cases is wholly prevented. I can call to mind more than one case in which the attempt at a fresh deposit was clear, but very feeble.

Unhappily I have seen a good deal of diphtheria at different times since its appearance in this country, about twenty-two years ago, and have treated it, on the whole, not unsuccessfully, but it was only about a year ago that the above circumstances almost accidentally forced the conviction on my mind that *elimination of the poison* ought to be the first object in treatment.

How this elimination takes place through the bowels I know not, but diphtheria is a disease

of blood-poisoning, and there is no reason why the poison should not be eliminated through the bowels, any less or more than in enteric fever—in throat fever than in bowel fever. I cannot refuse the evidence of my experience, that since I have adopted the practice of purging at the outset the course of the disease has been invariably more favorable, nor the testimony of those who declare that the dejections thus produced are abominably offensive. At any rate, the practical effect of "the scavenger" recommends itself to my mind in a much higher degree than the scientific inaction of temporizing and waiting till the disease has run its course, however masterly such inaction may appear; or than the inferior, but by no means futile plan, of trying to neutralize the effects of the poison. Invaluable as the scientific knowledge is, it ought not to stop short, nor rest content, without improvement in practice.

Elimination, then, (1) through the bowels, (2) through the kidneys. Chlorate of potash drinks should be given frequently, incessantly. Where the nose is affected, the same solution or that of permanganate of potash should be drawn up frequently through the nostrils, so as thoroughly to cleanse them. When the patient cannot swallow, nutrient enemata should be given four times a day; not too frequently if they are to be retained. For this, nothing is better than Dr. Munk's mixture, a tumblerful of milk gruel, a new-laid egg, a tablespoonful of brandy.

An Operative Measure for the Arrest of Commencing Pyæmia.

H. Kraussold, in the *Archiv für Klin. Chir.*, Band xxii, relates that a man, aged twenty-nine, had his leg broken, through direct violence. The limb, which was swollen before the application of the bandage, continued to increase in size after its removal, so that after some months it measured ten inches in circumference more than the other. All the symptoms indicated the pressure of a rapidly growing sarcoma; the limb was, therefore, amputated close above the knee. There had been no pulsation or other sign of aneurism; but an examination revealed the presence of a large aneurismal communication between the posterior tibial artery and the popliteal vein. Repeated attacks of secondary hemorrhage from the femoral artery necessitated operative procedures, which could no longer be carried out under antiseptic precautions. The wound became foul, and the patient had a rigor on the fourth day. The suspicion that suppuration had taken place in the veins was confirmed by the circumstance that, after removing the ligature and withdrawing a coagulum, a discolored fluid could be pressed out from the veins lying exposed in the wound. As the vein appeared to be intact in the neighborhood of Poupart's ligament—at least, there was no thrombosis or tenderness on pressure at that part—it was laid bare; and, after the application of a double ligature, a piece, two or three *centimeters* (about an inch) long, lying between the ligatures, was excised. The femoral artery was also tied at the same spot. The operation, which was performed under antiseptic precautions a quarter of an hour after the occurrence of the rigor, was attended with the happiest results. There was no further rigor; the amputation wound soon became clean; and healing was somewhat retarded by suppuration along the sheath of the vessels. Herr Kraussold collects a few analogous cases from medical literature, and points out the circumstances under which a similar proceeding may be followed with probability of success in cases of purulent venous thrombosis. It is probably applicable only to the extremities, and requires an exact diagnosis. It is, of course, most certain when the vein in the injured part can be exposed and its conditions ascertained, as occurred in the present case. The earlier one operates, the greater are the chances of success; if thrombosis be already formed in the most central part to which a ligature can be applied, operation is useless.

The Cause of Deformity in Fracture of the Lower End of the Radius.

It is a well known and generally acknowledged fact, that a fracture of the radius can often only be diagnosed by the very characteristic deformity which takes place in the lower extremity of the bone. There are, however, cases in which this deformity cannot be proved, and in consequence the diagnosis must be very uncertain. M. Schmit (*Revue Mensuelle de Médecine et de Chirurgie*, for November) has tried to diminish this difficulty by showing that the age of the patient, the height from which he fell, and the amount of the injury sustained, are more or less closely connected with the absence of this deformity. The author has made many experiments, the result of which he quotes as follows: The deformity can be demonstrated in about one-half of the cases as long as the epiphysis and the bone are not yet firmly joined together. Between the age of twenty and forty deformity is quite the rule; the exceptions are very rare, perhaps only five per cent. With advancing age, however, this tendency to deformity grows less; after sixty, it is only met with as an exception, especially in women, where it appears in eleven out of thirty. In order to discover why this characteristic deformity does not take place in fractures of the inferior extremity of the radius in old men, and especially in women after sixty, M. Schmit has repeated the experiments performed by Nélaton, Lecomte, and Tillaux, in addition to his own. He has come to the conclusion that in all these cases deformity is prevented by the want of resistance in the radius of the aged, which is caused by the increasing thinning of the substance of the bone.

The External Use of Digitalis in Suppression of Urine.

Dr. P. C. Russell gives these cases in the *British Medical Journal*:—

Case 1.—A married woman, aged 35, was attacked by acute albuminuria. The disease resisted the usual remedies. She became extremely œdematous, with congestion or œdema of both lungs. Respiration was rapid; the pulse weak and rapid. She became semi-comatose, and there was suppression of the urine for thirty-six

hours. The case appeared hopeless; but, having read in the *British Medical Journal* a case in which the external use of digitalis was effectual in restoring the secretion of urine, I determined to try it. I ordered half-an-ounce of the tincture on a large linseed-meal poultice, to be applied to the abdomen. Next day I was agreeably surprised to find her vastly improved, quite conscious, and cheerful. The œdema was very much diminished. Respiration was easy, and the pulse nearly natural. I was informed that in one hour after the application a copious flow of urine commenced and continued all night, and what was very remarkable, the urine, which the day before contained a large quantity of albumen, was now quite free from it. Convalescence was rapid, and she is now quite well.

Case 2.—A man, upward of fifty years of age, much addicted to the use of ardent spirits, after a bout of drinking, was seized with violent pain in the frontal region, attended with delirium, quick pulse, and fever, followed by imperfect hemiplegia in the left side. Next day he became comatose, and the urine was suppressed. The digitalis poultice was applied, and in the course of six hours urine was secreted and passed in large quantity, and the coma gradually disappeared. He improved in every respect for two days, when the urine was again suppressed and coma again set in. The digitalis poultice was again effectual in restoring consciousness, and the man gradually recovered, still slightly hemiplegic; but he has since gradually recovered the use of his limbs, and is now able to follow the occupation of a weaver.

The Organization of Thrombus.

The results of a series of investigations undertaken upon a large number of animals have recently been published by P. Baumgarten. His method of proceeding, as given in the *Centralblatt für Chirurgie*, was to isolate a considerable portion of the vessel, and to surround it completely with blunt hooks. Two threads were then passed round the vessel at a distance of about an inch, the peripheric one being first tied in the case of the artery, the central in the case of the vein. To the wall of the part included between the ligatures a little cinnabar suspended in a 2 per cent. solution of carbolic acid was applied. The cutaneous wound was sutured with carbolized silk. The animals were killed at various intervals after the operation, and careful macroscopic and microscopic observations made. The conclusions at which he arrived were—The so-called organization of a thrombus consequent on ligature is due to two essentially different processes. First; to a growth of the endothelium of the vessel; and, secondly, to an inflammatory outgrowth of the vascular wall and of the adjoining tissue, which penetrates into the cavity of the vessel from the point of ligature and from lateral fissures, and ultimately through and from the uninjured wall of the vessel itself. It is to the development of blood vessels in this last material alone that Baumgarten attributes the organization or vascularization of the thrombus.

—A new edition of Napheys' Surgical Therapeutics is in press.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The price of Clapp's Handbook of Auscultation, noticed last week, is not $2.00, as then stated, but $1.50; the price as first given having been reduced.

——The first number of the *Index Medicus* is all and more than we expected. It is an elaborate, admirably arranged and beautifully printed analytical catalogue of the current medical literature of the world, far more complete than was ever before attempted. Subscription $3.00 per annum. Published by F. Leypoldt, 37 Park Row, New York.

——A timely and able study of post-mortem delivery is presented by Dr. Edward L. Duer, of this city, in a late reprint. He gives a full table of operations of the kind, and urges on the profession that no hesitation should be felt, and no obstacle, on the part of relatives, be allowed to interfere with the prompt performance of uterine section, when the child is viable after the mother's decease.

——The annual address of Dr. John M. McKown, President of the Esculapian Society of Wabash Valley, has been published by the Society. He discusses the making of doctors, to which he thinks there is no end, and recommends an improvement in the manufacture; not so much by "raising the standard" in the medical schools, as by insisting on a more thorough preparatory education of the youth who aspire to an M.D. He has certainly hit the nail on the head, and we would that his words found attention in all faculties.

——Dr. W. O'Daniel, in his address as President of the Medical Association of Georgia, (8vo, pp. 8) urges the same point as Dr. McKown, above referred to. He says:—

"Many incapable young men could be dissuaded from an undertaking of such doubtful propriety, to say the least of it, until the requisite proficiency had been attained by proper preparation before commencing the study of medicine.

"This is a plain duty, one which we conscientiously owe to unqualified students, one which we owe to the medical profession, one which we owe to the medical colleges of the country, and last, but by no means least, do we owe it, especially, to the poor, unsuspecting victims of these incompetent aspirants for professional honors."

BOOK NOTICES.

Transactions of the American Ophthalmological Society; 12th, 13th and 14th Annual Meetings, 1876, 1877 and 1878. New York. Published by the Society, 1878.

The close and creditable attention which American ophthalmologists have been giving to the higher branches of their special department of research is well illustrated by the character of papers which make up the present volume. Thus we find, in the matter of refinement in diagnosis, some excellent suggestions for the employment of the stereoscope in testing binocular vision, by Dr. John Green; a useful modification of the ophthalmoscope, by Dr. E. G. Loring; improvements in the diagnosis of refraction, by Dr. Wm. Thomson. On the subject of treatment we should particularize Dr. Arthur Mathewson's paper on nitrous oxide as an anæsthetic; Dr. C. R. Agnew's suggestion of a curved knife for certain strictures of the canaliculus, etc. Drs. Wadsworth and Putnam, of Boston, contribute some valuable observations on the intra-ocular circulation; and cases of interest are reported by Drs. George Strawbridge, J. S. Priout, H. W. Williams, C. S. Bull, J. J. B. Vermyne, R. H. Derby, L. S. Dixon, D. Webster, G. T. Stevens, and others.

The Influence of Posture on Women in Gynecic and Obstetric Practice. By J. H. Aveling, M.D. Philadelphia, Lindsay & Blakiston, 1879. Cloth, 8vo, pp. 182. Price, $2.00.

The action of gravity and pressure are the two factors which impart to posture its influence on the economy. How enormously they do work together for good or for evil, especially evil, never occurred to us until we began to read Dr. Aveling's agreeable and instructive pages.

After considering the general effects which the various postures exert on the limbs and viscera, he discusses the displacements of the pelvic organs produced by posture; next the hyperæmic disorders of the same organs from the same cause; then the influence of posture on function; posture as indicating abnormal conditions of the pelvic organs; its use in gynecic examinations and operations; and finally, how it may be advantageously called in, in the various procedures of obstetrics.

Although much on this subject is to be found scattered about in text books and medical journals, surely no one will have derived from such casual mention the full appreciation of what a potent agent posture is and may be made. The naturally loose and often relaxed condition of the pelvic organs render them peculiarly susceptible to the influence of gravity, and we hope that Dr. Aveling, or some one not less competent, will extend this study of medical physics to a consideration of the influence of gravity and pressure on all the pathological changes of the economy. Such a study could not fail to prove most beneficial.

On the Treatment of Pulmonary Consumption by Hygiene, Climate and Medicine. With an Appendix on the Sanitaria of the United States, Switzerland, and the Balearic Islands. By James Henry Bennett, M.D., etc. Third Edition. Philadelphia, Lindsay & Blakiston, 1879. 8vo, pp. 286. Price $2.50.

Dr. Bennett's views have been long known and much respected, and no doubt, as he says, they have exerted a positive influence on the treatment of pulmonary disease, both in England and France. That he over-estimates his favorite climate of the Riviera, we have long felt convinced, from actual observations of patients, and from the meteorological facts, accessible to all, about that climate. In fact, the Riviera is very much of a humbug. So of much that he states in this book on climate, it must be said that it is incomplete and one-sided. The title page itself is misleading. All that he gives about "the sanatoria of the United States" is a few extracts from the book of Dr. Walton, of Cincinnati; in regard to Switzerland, only the notes of a short tour in the eastern cantons. While in hygiene, food, dress and exercise, his directions are valuable, there does not seem that discrimination of cases which facts require; and the pathology of the book, being that of the Edinburgh school of twenty years ago, will by many be considered to be antiquated.

Section Cutting; A Practical Guide to the Preparation and Mounting of Sections for the Microscope, special prominence being given to the subject of Animal Sections. By Dr. Sylvester Marsh. With Illustrations. Philadelphia, Lindsay & Blakiston, 1879. 18mo, pp. 87. Price 80 cents.

The purpose of this little book is so fully set forth in the title page, which we give above, that it calls for no further remark than that it appears clearly and intelligently written, very well adapted to its purpose, and will be appreciated by microscopists.

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COSMETIC PREPARATIONS.

This is a branch of pharmacy which is rarely awarded much attention by medical men, and yet certainly deserves more than it receives. The ordinary reader has little notion of the immense proportions of the trade in this branch of chemicals. But if he will glance over the columns of almost any newspaper, or inquire of the proprietor of a drug store, he will be astonished to note the amount of capital which changes hands in this channel.

Needless to say, most of the consumers belong to that sex in which personal charms are a hereditary privilege, and their preservation and augmentation a sort of social duty. The complexion, the hair, the teeth, the figure, are jointly and severally the objects of improvement by the enterprising manufacturer; and, of course, acting on the sound old maxim, *omme ignotum pro mirifico*, the wondrous discoveries which he alleges to have made in the domain of the beauty-preserving arts he sedulously shrouds in secrecy, and protects by all the paraphernalia of copyrights, patents and trademarks.

Yet now and then the inquisitive chemist sets about inquiring what these mysteries are, and always with the same results, to wit, that the alleged discovery is nothing more than some very familiar substance or combination, sometimes quite as well adapted to the purpose as anything he could suggest, sometimes wholly inert, but not otherwise objectionable than as a cheat, occasionally positively and really dangerous to health and life. No doubt most of our readers are aware that lead in various forms is a constituent of numerous preparations for "retaining the color" of the hair, for restoring "the bloom of youth," and for whitening the skin.

What is called "violet powder" has lately been the subject of legal investigation in England. Some idea of its enormous consumption among the lower classes may be had from the fact, stated under oath, that one single firm sells, even in these hard times, 36,000 one-ounce packages, at a penny each, per week. By the uninitiated violet powder is supposed to be some kind of starch, finely powdered, and aromatized with orris root, the odor of which faintly resembles that of the sweet violet. But the enterprising manufacturer, it appears, simply takes chalk and plaster-of-Paris, grinds them together by the ton, aromatizes with a cheap essential oil, and with a neat cover and handsome label, puts his ware on the market.

The London *Chemist and Druggist* published, last year, a large number of formulæ of secret preparations which had been analyzed by a German chemist and apothecary, Mr. EDWARD HAHN. From these, which we presume to be generally correct, we can derive a fair idea of the large proportion of these cosmetic preparations which belong to the two last classes we mentioned, the inert and the dangerous. Thus quoting at random, we find that the "Chinese alabaster tablets" are nothing but carbonate of lime; the "Parisian albion," which is warranted to preserve the skin white and free from wrinkles, contains chloride of lead and calomel; the "anti-

sudin," to prevent fetid perspiration, is simply powdered alum; a "beard cultivating powder" is simple cerate rubbed up with a little powdered Peruvian bark; a "beard cultivating tincture" consists of common salt dissolved in spirits and water flavored with mace; a "beautifying powder" is composed of marble dust and dry, pulverized, white clay; "snow-white enamel," for the complexion, is a solution of lead carbonate; an "epidermaton," for freckles, etc., is a solution of benzoic acid and ammonia; and so on through a long list of the cosmetics, hair dyes, hair restorers, tooth washes, enamels, etc., advertised so generously.

The fact is evident, from a study of this list, that in very few instances are the best combinations known to pharmacy sold by these vendors of secret means, but nearly always the one and only guide to their choice is cheapness of ingredients. Now the desire to "repair the irreparable ravages of years," as RACINE so well phrases it, is natural, innocent, even commendable; and it were but fair to the public that they be protected from such gross, unscrupulous and often dangerous imposition as we have above indicated.

To accomplish this, rigid sanitary inspection under a general State law is what is needed. The formulæ of all secret preparations, with samples, should be filed in an office for the purpose, not open to public search (for it were vain to try to prevent such secrecy); and repeated tests by official analysts should be made of all such goods offered on sale. Such action is probably a long way off; but for all that the goal should be kept in view, no matter how long the course.

NOTES AND COMMENTS.

Adulterated Chloroform.

At a late meeting of the Academy of Medicine, of Paris, M. Maurice Perrin called the attention of the members to the accidents determined by the use of adulterated chloroform. He remarked that this agent of anæsthesia was much less to be relied upon than in former years, and this was probably due to the fact that the tax upon alcohol had been considerably augmented some few years ago. He had observed that it was now sometimes necessary to submit the patients to inhalation for twenty or thirty minutes, in order to obtain the effects, whereas before five to six minutes generally sufficed. Indeed, in some cases he had not been able to obtain anæsthesia at all, and that with chloroform taken from private pharmacies. He also remarked that before it was an exceptional occurrence to have vomiting, but that now it was the rule. Finally, he had seen two cases where death was very nearly the result of the administration of adulterated chloroform. He had tested several samples of chloroform, and in each case he had discovered the mahogany-red tint which is the characteristic of the impure agent. When he had these purified, he did not meet with any of the accidents he had spoken of.

Theory of Death in Septicæmia and Charbon.

M. Colin, lately, at the Academy of Medicine of Paris, advanced the following theory on the causes of death in the different septicæmic and anthracoid affections: He first attempted to establish, by a series of observations and experiments upon animals, that the cause of the death of animals from these diseases does not result from either the hindrance to the movement of the blood in the capillaries, or from the asphyxia due to the absorption by bacteria of the oxygen which should go to the corpuscles, or from the depression of the temperature of the animal, or from the combination of all these causes. It is rather to be sought in the changes in the properties of the blood. The increased viscidity prevents the absorption of oxygen; the fibrine is soft; the globules allow their hæmoglobin to escape; it can no longer stimulate properly the nerve-centres, or the heart, or the other muscles.

The Soda Treatment of Burns.

A writer in an exchange thus sums up the arguments *pro and con* this method (the discovery of which is claimed by Dr. Waters, of St. Louis):—

Points in its favor: (1) It is an exceedingly clean application; (2) the soothing effect is instantaneous; (3) for slight burns it is admirable. Points against its general adoption: (1) The "soda" solution requires to be ice-cold, appearing to part with its soothing quality the instant its temperature is raised, as by immersion in it, so that the relief afforded is but momentary; (2) the quantity of bicarbonate required

may be enormous, according to the extent of injury inflicted, nothing short of a saturated solution being of the slightest good; (3) if the burn should necessitate an unsparing resort to cold water, it may cause the blood to congest on the internal organs; (4) the prescriber must be well assured that he selects the *bi*carbonate, the ordinary carbonate Scotch soda, washing soda, or soda of the shops, being far too irritant and caustic to be applied to a raw, highly sensitive surface.

Correspondence.

The Frequency of Hepatic Abscess.

Ed. Med. and Surg. Reporter:—

My attention has been directed to your editorial of November 30th. Please permit me, through your columns, to call attention to certain matters of fact, wherein my views are incorrectly reported.

As to the difference between Dr. Hammond and myself, in regard to the relative frequency of hepatic abscesses and their symptomatology; this is a matter of clinical observation and experience, concerning which your readers are as competent to form a conclusion as either Dr. Hammond or myself.

In the Mississippi Valley abscess of the liver is not infrequent among certain classes met with in hospital practice; in private practice it is rare. Dr. Gross, Sr., of your city, tells me that he has not met with a single case during his twenty-two years' residence in Philadelphia. I do not dispute the proposition that hepatic abscess *often exists with marked symptoms.* Had Dr. Hammond contented himself with this declaration it would not have been challenged by me, but he goes so far as to assert that "the fundamental lesion is either indicated by no symptoms whatever, or by insignificant derangements which are easily overlooked." Now I did say, and would repeat, that this proposition is at variance with the experience of all other observers.

But the point on which I wish particularly to set myself right is, as you say, "a very important one," and on which you state that "Drs. Hammond and Coles *differ* wholly," and that is, "whether aspirating the liver is *dangerous* or not, providing it is done skillfully, with caution, and at the proper point." This sentence is, indeed, incomprehensible to me, in view of the fact that nowhere in my paper do I raise the question of "danger" as an argument against Dr. Hammond. And it is because I am so partial to the aspirator, when legitimately employed, that I cannot permit my views to be misrepresented in reference to it.

There are *two* points concerning this instrument on which Dr. Hammond and I "differ wholly." (1) In regard to the employment of the aspirator for diagnostic purposes (wherein it is simply invaluable), I say (page 10) that "no one is justifiable in puncturing the liver unless he has a *reasonable conviction* that it is the seat of abscess." I state distinctly the circumstances under which I would consider the procedure justifiable. I also state what Dr. Hammond considers a "reasonable" ground for puncture; under the assumption that such abscesses frequently result from certain brain disturbances, he lays down the proposition, "that in all cases of hypochondria or melancholia the region of the liver should be carefully explored, and that even if no fluctuation be detected, or *any other sign of abscess* be discovered, aspiration, being a harmless operation, should be performed."(!) I certainly have no objection to being reported as "differing wholly" with Dr. Hammond in this matter. (2.) Dr. Hammond advocates the *treatment* of hepatic abscesses by aspiration. My paper was *unfavorable* to this method; not because simple puncture of the liver was directly or necessarily "dangerous," but because it has been *generally unsuccessful.* Since the publication of my paper other observers have stated their experience, which overwhelmingly sustains my position. The experience of all the latest authorities (except Dr. Hammond) has led them sooner or later to abandon simple and repeated aspirations, not on account of the dangers incident to the operation itself, but from the lamentable fact that their patients *nearly all die;* whereas, when drainage is superadded, an encouraging majority get well.

St. Louis, Mo. Walter Coles, M.D.

Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

In the Reporter of January 11th, page 42, is the report of a case of puerperal convulsions, in which the writer asks your opinion as to the course of treatment pursued. Permit me to say that in my experience forced delivery has never seemed to do any good in these cases, only by the amount of blood lost during the operation. That the pathology in nearly all such cases is hyperæmia of the brain, which will terminate in fatal effusion before the necessary abstraction of blood to prevent it has been obtained by this method. That the *sine qua non* in most (I would not say quite all) is the employment of the "lost art" promptly and thoroughly, with no reference to quantity, but to the effect upon the circulation. It is not claimed that albuminuria may not be the cause of this frightful ailment sometimes, but he who depends upon treatment based upon that hypothesis, in every case where he finds albuminous urine in a pregnant woman laboring under this affection, will make a most stupid blunder. Chloroform, chloral hydrate, and potass. bromide, are but palliatives. Forced delivery is useful just in proportion to the uterine hemorrhage attendant upon it. The delivery *per se.* amounts to nothing.

Hemorrhage from the median basilic vein is entirely manageable; can be repeated at will, and above all, is quickly obtained, and time is more than money in these cases.

I would not say that blood letting is indicated in all cases; that active hyperæmia of the brain is always the cause of the symptoms. But judging from the standpoint of a pretty wide experience in country practice, the exceptions are rare

and easy of detection. I know of nothing so indispensable in most cases.

What is done, must be done quickly. There is no time for the slower modes of depletion. The golden opportunity is just now. The brain must be relieved of the pressure of its distended blood vessels at once, or effusion or extravasation will surely take place. And then, "in spite of external heat, stimulants, &c," as your correspondent says, the convulsions will return, and the patient will die.

S. M. Hamilton, M.D.

The Chlorine Mixture in Scarlet Fever and Diphtheria.

Ed. Med. and Surg. Reporter:—

In the lectures of Dr. Thomas Watson he recommends a solution of chlorate of potassa in water (a drachm to the pint), as a drink for patients in scarlet fever and in typhoid forms of continued fever. He says, "chlorine has been strongly impressed upon my notice in several forms of scarlet fever."

In the fourth volume of the *Medical Gazette* Messrs. Taynton & Williams, of Bromley, write in high praise of this remedy.

The formula is: Two drachms of chlorate of potassa are to be dissolved in two ounces of hydrochloric acid, previously diluted with two ounces of distilled water. The solution must be put immediately into a stoppered bottle, and kept in a dark place. Two drachms of this solution, mixed with a pint of distilled water, constitute the chlorine mixture, of which a tablespoonful or two, according to the age of the patient, may be given for a dose, and frequently repeated.

In my own practice I have used this mixture for many years in cases of scarlet fever, and with considerable benefit to my patients, but I neglected it for a long time and used other remedies. Recently, however, my attention has again been called to its use in diphtheria. I have had considerable experience in this fearful form of disease. In one locality in one of the rural districts of our city, in a compass of about one square mile, I had nine severe cases of diphtheria. and other physicians had cases in the same locality. In my cases I used the chlorine mixture freely, and with great benefit to my patients. Out of the nine, two died, of the most malignant type of the disease. One, a boy of nine years of age, was the worst case I ever saw. It was in the month of September, and the mosquitoes were very bad in the neighborhood. Wherever one of them bit the child the skin turned purple.

I have had considerable difficulty in procuring the chlorine mixture from the druggists, as I found none who kept the article already prepared, and when I would write for chlorate of potassa and muriatic acid I always procured a mixture as clear as water. My formula is—

℞	Potassa chloratis,	ʒj	
	Acidi muriatici,	gr. xl	
	Syrupus,	f. ʒ ij	
	Aquæ,	f. ʒ iv.	M.

Dose according to age of patient.

This, when mixed, would invariably produce the clear white mixture spoken of above. The proper way is to put the chlorate of potassa into the bottle intended for the mixture, drop the acid upon it, and at once the chlorine will be liberated. Then add the sugar and water. The mixture, when prepared in this way, will have a deep straw color, and will smell strongly of chlorine. W. F. Patterson, M.D.

Philadelphia.

Verminal Leucorrhœa of Infants.

Ed. Med. and Surg. Reporter:—

The purulent vaginal discharges of infants and children is often caused by the presence of ascarides in the rectum, even when they do not escape from the rectum and, crossing the perineum, find their way into the vagina. I have seen cases of this character which have resisted all manner of treatment directed to the vagina, which have yielded very readily to the remedies used for the expulsion of these parasites. I recently had a child brought to me from Albany, N. Y., who had been treated by more than one respectable physician, but the trouble had continued unabated, causing much anxiety to the parents, and giving much annoyance to the little patient, who was soon completely cured by remedies directed to the rectum. The connection between the rectum and the vagina is so close, that whatever affects one is very sure to affect the other. Stone in the bladder usually causes tenesmus, and *vice versa*. I have generally found that after evacuating the bowels freely with a pill or powder of calomel and compound powder of aloes, balsam copaiva, both by the mouth and by enema, produces the most happy results. Great attention, of course, should be paid to cleanliness, and search should be made to see if the ascarides have made their way into the vagina; if so, they can easily be dislodged. If there is much mucus in the alvine discharges, milk, with aquæ calcis, should form a portion, at least, of their food. E. P. Bennett, M.D.

Danbury, Ct.

News and Miscellany.

The Kansas Medical Act.

The following Act has been recommended for passage by the Kansas State Legislature, and will no doubt go into effect:—

Section 1. Every person in this State practicing medicine or surgery in any of its departments shall possess the qualifications required by this act. Every such person shall present his diploma to one of the boards of examiners herein named, together with the affidavit mentioned in section four (4) of this act. If the board shall find all the facts required to be stated in said affidavit to be true, the board of examiners shall issue its certificate to that effect, signed by all the members thereof, and sealed with the seal of the board, and such certificate shall be conclusive as to the right of the person named therein to practice medicine and surgery in any part of this State.

Sec. 2. The Kansas Medical Society, the Eclectic Medical Society of the State of Kansas, the

Homœopathic State Medical Society, corporations organized and existing under and by virtue of the laws of this State, and no other corporation, society, person, or persons, shall appoint annually a board of examiners, consisting of seven members, who shall hold their office for one year, and until their successors shall be chosen and qualified. The examiners so appointed shall go before some judge of the district court, or probate judge of this State, and make oath that they are regular graduates, and that they will faithfully perform the duties of their office. Vacancies occurring in a board of examiners shall be filled by the society appointing it, by the selection of alternates or otherwise. The boards of examiners now organized, or existing under and by virtue of their appointments by any of the societies mentioned in this section, shall continue to act as such boards until their successors are appointed at the annual election.

SEC. 3. The boards of examiners shall organize within three months after the passage of this act. They shall procure a seal, and receive through their secretary applications for certificates and examinations. The president of each board shall have authority to administer oaths, and the board shall take testimony in all meetings relating to their duties. They shall issue certificates to all who furnish satisfactory proof of having diplomas, or licenses, from legally chartered medical institutions in good standing. They shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the board. They shall send to the county clerk of the several counties of this State a list of persons receiving certificates. In selecting places to hold their meetings, they shall, as far as is reasonable, accommodate applicants residing in different sections of the State, and due notice shall be published of all their meetings. Certificates shall be signed by all the members of the board granting them, and shall indicate the medical society to which the examining board is attached. The board shall meet within thirty days after application made to its secretary by any person desiring examination.

SEC. 4. Said board of examiners shall examine diplomas, as to their genuineness, and if the diploma shall be found genuine as represented, the secretary of the board of examiners shall receive a fee of five dollars from each graduate or licentiate, and no further charge shall be made to the applicant; but if it be found to be fraudulent or not lawfully owned by the possessor, the board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma. The applicant shall accompany his diploma with an affidavit stating that he is the lawful possessor of the same; that he is the person therein named; that the diploma was procured in the regular course of medical instruction, and without fraud or misrepresentation of any kind, and that the medical institution granting the diploma had at the time of the granting the same a full corps of medical instructors, and was at the said time a legally-incorporated institution, actually and in good faith engaged in the business of medical education, and in good standing as a medical institution, and that the applicant had complied with all the requirements of said institution. Such affidavit may be taken before any person authorized to administer oaths, and the same shall be attested under the hand and official seal of such officer, if he have a seal. In addition to such affidavit, the board of examiners may hear such further testimony as in their discretion they deem proper to hear, as to the verification of any such diploma, or as to the identity of the person named therein, or as to the manner in which any such diploma was procured, and if it should appear from such testimony that any fact stated in said affidavit is untrue, the application of such person for a certificate shall be rejected. None of said boards shall entertain an application which has been rejected by another of said boards, nor shall any rejected application be renewed until at least one year after the action of the board rejecting the same.

SEC. 5. All examinations of persons not graduates or licentiates shall be made directly by the board, and the certificates given by the boards shall authorize the persons to practice medicine and surgery in the State of Kansas; but no examination into the qualifications of persons not holding diplomas or licenses shall be made after the thirty-first day of December, eighteen hundred and seventy-nine. After that date no certificate shall be granted by them except to persons presenting diplomas or licenses from legally chartered medical institutions in good standing.

SEC. 6. Every person holding a certificate from a board of examiners shall have it recorded in the office of the county clerk of the county in which he resides, and the recording of the same shall be endorsed thereon. Any person removing to another county to practice, shall procure an endorsement to that effect on the certificate from the county clerk, and shall record the certificate in like manner in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

SEC. 7. The county clerk shall keep in a book provided for that purpose a complete list of the certificates recorded by him, with the date of the issue, and the name of the medical society represented by the board of examiners issuing them. If the certificate be based on a diploma or license, he shall record the name of the medical institution conferring it, and the date when conferred. The register of the county clerk shall be open to public inspection during business honrs.

SEC. 8. Candidates for examination shall pay a fee of five dollars, in advance. The fees received by the board shall be paid into the treasury of the medical society by which the board shall have been appointed, and the expenses and compensation of the board shall be subject to arrangement with the society.

SEC. 9. Examinations may be in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

SEC. 10. The boards of examiners must refuse certificates to individuals guilty of unprofessional conduct; but before any such refusal the applicant must be cited by a citation, signed by the secretary of the board, and sealed with its seal,

to appear before the board at a time and place certain for the purpose of being heard as to such unprofessional conduct. Said citation shall notify the applicant of the time and place where and when the matter of said unprofessional conduct shall be heard, the particular unprofessional conduct with which the applicant is charged, and that the applicant shall then and there appear in person, and attend with such witnesses to testify in his behalf as he may desire, or a default will be taken against him, and his application for a certificate refused. The attendance of witnesses at such hearing shall be compelled by subpœnas issued by the secretary of the board, under its seal, and said secretary shall in no case refuse to issue such subpœna, on a fee of fifty cents being paid him for each subpœna. Said citations and said subpœnas shall be served in accordance with existing provisions of law as to the service of citations and subpœnas generally. At such hearing witnesses shall be examined on the part of the board and on the part of the applicant, as to the facts of the applicant having been guilty of the conduct set out in the citation, and either side may examine medical experts as to whether such conduct is unprofessional, and if it appear to the satisfaction of the board that the applicant is guilty of said unprofessional conduct, no certificate shall be issued to him; but no application shall be refused on the ground of unprofessional conduct unless the applicant has been guilty of unprofessional conduct within one year next preceding his application. If any holder of a certificate be guilty of unprofessional conduct, his certificate must be revoked by the board granting it; but no such revocation shall be valid without said holder being cited to appear, and the same proceeding had as is hereinbefore provided in this section in the case of refusal to grant a certificate. Whenever a certificate is revoked, the secretary of the board revoking the same shall certify the fact, under the seal of the board, to the county clerk of the county in which the person whose certificate has been revoked is at the time of said revocation practicing his profession, and said county clerk shall thereupon write on the margin or across the face of his register of the certificate of such person the fact of such revocation, and sign his name thereto, and shall file in his office said certificate of revocation. Each of said boards may from time to time adopt such rules as may be necessary to the orderly conduct of all proceedings taken and had before it. It shall be the duty of the secretary of the respective boards to notify the secretary of all other boards provided for under this act of all applicants to whom licenses may have been refused, together with the reasons of such refusal of such boards.

Sec. 11. Any person shall be regarded as practicing medicine, within the meaning of this act, who shall profess publicly to be a physician, or who shall habitually prescribe for the sick, or who shall append to his name the letters "M.D." But nothing herein contained shall be construed to prohibit gratuitous services in cases of emergency. And this act shall not apply to lawfully-commissioned surgeons of the United States army or navy practicing their professions within the limits of this State.

Sec. 12. Any itinerant vendor who shall sell, or offer for sale, any drug, nostrum, ointment, or appliance of any kind, intended for the treatment of disease or injury, or who shall, by writing, or printing, or by any other method, publicly profess to cure or treat disease, injury or deformity, by any medicine, drug or drugs, nostrum, manipulation or other expedient, shall pay a license of $100 per month. Such license shall be collected as other licenses are.

Sec. 13. Any person practicing medicine in this State without first complying with the provisions of this act, shall be punished by a fine of not less than fifty dollars nor more than five hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days nor more than one year, or by both such fine and imprisonment for each and every offence. And any person filing, or attempting to file, as his own, the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and, upon conviction, shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery in the fourth degree: *Provided*, That no person who holds a certificate heretofore granted by either of the societies mentioned in the second section of this act shall be compelled to procure a new certificate, or be liable to any penalty for failing to do so.

Sec. 14. Any person assuming to act as a member of a board of managers under this act, or who shall sign, or subscribe, or issue, or cause to be issued, or seal, or cause to be sealed, a certificate authorizing any person to practice medicine or surgery in this State, except the person so acting and doing be appointed by one of the societies mentioned in section two of this act, or be authorized to do so by a board of examiners appointed by one of said societies, shall be deemed guilty of a misdemeanor, and shall be punished by a fine of not less than fifty dollars, or by imprisonment in the county jail for a period of not less than thirty days nor more than one year, or by both such fine and imprisonment.

Sec. 15. Should either of said boards issue a certificate to any person whose application for certificate has been previously rejected by another of said boards, within one year after the rejection of said application, then in such case the certificate issued as aforesaid to such rejected applicant shall be null and void and of no effect.

Sec. 16. If any person not a graduate or licentiate of medicine has been unable to present himself for examination to any of said boards, as provided in section one of this act, then in such case it shall be lawful for either of said boards, on good cause shown why said person was unable so to present himself for examination within the time limited in the fifth section of this act, to examine such person touching his qualifications to practice medicine or surgery; and if said examination shall be satisfactory to the board, it shall thereupon issue its certificate in accordance with the facts, and the lawful holder thereof shall be entitled to all the rights and privileges of graduates or licentiates to whom certificates have been issued under this act; but no such examination shall be had after the first day of April, eighteen hundred and eighty.

Diploma Selling.

The shame and disgrace of diploma selling still clings to this commonwealth. Recently, however, in the Pennsylvania state legislature the following concurrent resolution was passed unanimously:—

Whereas, By the Legislature of 1871, a joint special committee was appointed to investigate the alleged illegal issue of diplomas by the "American University of Philadelphia" and the "Philadelphia University of Medicine and Surgery;"

And Whereas, This committee, after taking evidence in the city of Philadelphia, made a report recommending that the charter of the American University of Philadelphia and the Philadelphia University of Medicine and Surgery should be revoked, both institutions having been guilty, in the opinion of the committee, of selling their diplomas to persons who had not followed the prescribed course of studies, and of violating the franchises granted to them in other ways;

And Whereas, The recommendation of the committee was adopted unanimously by both houses, the charters were repealed;

And Whereas, In the following year the Supreme Court decided that the act repealing the charter of the American University of Philadeldelphia was unconstitutional, on the ground that it assumed judicial powers which could only be exercised by the courts;

And Whereas, Immediately after the decision of the Supreme Court, upon the frequent complaints made to the authorities of Philadelphia that the American University of Philadelphia openly advertised its degrees for sale, the City Councils passed a resolution asking the Attorney-General of the State to institute proceedings in the courts against the American University of Philadelphia;

And Whereas, The Attorney-General (the late Mr. Dimmick) accordingly commenced proceedings in the nature of a *quo warranto*, the object of which was to forfeit the charter of this corporation;

And Whereas, It is the desire of all good citizens and the interest of this State, that the franchises granted to this institution by the State may no longer be perverted; therefore, be it

Resolved, By the House of Representatives (if the Senate concur), that the Attorney-General be requested to institute proceedings in the courts against the said University, on account of the abuse of its franchises.

Cascara Sagrado, etc., Again.

Some weeks have elapsed since we referred to Parke, Davis & Co.'s preparations, "cascara sagrado" and "yerba reuma." The *Michigan Medical News* took up the cudgels for them early and actively; and the *Pacific Medical and Surgical Journal* has printed a sort of disclaimer, in the following words: "We notice that the article published in our October number, from the pen of Dr. W. P. Gibbons, referring to certain 'new remedies,' so called, of California origin, has been misinterpreted in some quarters as denying medicinal virtue to the plants in question. This was not its design, nor did the therapeutic value of the remedies enter into consideration. The object was to expose the deception of introducing preparations of old remedies under new names, and claiming originality without deserving it. Several of the plants in question are really valuable." This rather ungracious concession has appeared with great unanimity in an extraordinary number of journals, and has been spoken of as a back down on the part of the *P. M. & S. J.* But is it one? Plenty of quack nostrums are excellent remedies in their proper places; and we marvel to see our learned castigator of the *Michigan Medical News* commit this same logical error.

So far as any intentional deception of the profession is concerned, as intimated in Dr. Gibbons' article, we do not believe Messrs. Parke, Davis & Co. have been or would be guilty of it. They did not know, and if they had known, they would not, for trade reasons, have disclosed, what plants were called by these names. So doing, they follow the customs of the trade, customs which are much more honorable in the breach than in the observance, and which it is (to our thinking) a duty of the medical profession to oppose. But we are convinced that the action of the house has been fully up to to the ethics of pharmacy; and we are not going to deny that the California buckthorn (cascara sagrado) is a whit less excellent a cathartic than the European buckthorn (and that is a very good one).

Yellow Jack Still Alive.

The startling report comes from the South that several cases of yellow fever have occurred, in spite of the low temperature. It is believed the disease has been caused by the disinterment and removal of the remains of persons who died last summer of the yellow fever. It has heretofore been believed that it was impossible for yellow fever to exist when the mercury had reached the freezing point; and if the germs of the disease have not been effectually destroyed by the severely freezing weather of this winter, much uneasiness is naturally felt as to what will be the consequences next summer. Of course, the rumor is stoutly denied by various papers. But the custom of concealing the truth—in fact, of lying about the public health—has received the sanction of so many health boards, and leading medical men in this country, that we are sorry to say no weight can be attached to such denials.

German Eye and Ear Infirmary.

In the year 1878 there have been gratuitously treated at the German Eye and Ear Infirmary, 441 North Fifth street, 1186 patients, of which number 811 were for eye diseases, and 375 for ear diseases. The number of important operations performed in the institute were 97; of minor, 146.

The officers of the Infirmary are: Charles H. Meyer, L. Westergaard, J. Aitkin Meigs, M.D., J. Koerper, M.D., Prof. John M. Maisch, etc. Surgeon in charge, M. Landesberg, M.D.

—A class of eight was graduated at the Yale College Medical School, on Jan. 30th.

OBITUARY NOTICES.

Taylor Vance Thompson, M.D.,

Died at the residence of his father, James Thompson, near Lakeville, Holmes county, Ohio, January 26, 1879, aged twenty-eight years and six days. He was born January 20th, 1851. He began the study of medicine in 1872, under Dr. George Liggett, at Wooster, Ohio, and graduated at the Ohio Medical College in March, 1876, with honor, receiving the *Whittaker Prize* for the best examination in physiology. Was, also, one of the successful aspirants for the position of *interne* to the Good Samaritan Hospital. Remained there one year, and then began practice in Pittsburg, Pa., south side. His health began to fail in the summer of 1877, and in October he moved to Bellville Borough, Pittsburg. Here he was attacked with diabetes mellitus. Nothing daunted, he worked on, and soon had a fair business and good success. In Sept., 1878, eleven months after the appearance of the diabetes, he came home to recuperate. In July previous his left lung became implicated. In November the tuberculous matter began breaking down, the diabetes remaining unabated until he began using the water from Bethesda Spring, at Waukesha, Wis. This had the effect of quickly relieving the thirst and gradually reduced the specific gravity of urine until it fell to normal, the sugar disappearing; but the diabetes returned a few hours before death.

Conscious to the hour of dissolution, his last words were, "I am passing through the dark valley of the shadow of death, but Jesus is with me."

W. W. Pennell.

Nashville, Ohio, Feb. 6th, 1879.

Items.

—A French writer states that humpbacks are most prevalent in mild climates. Spain supplies the greatest number, and in a circumscribed locality at the foot of the Sierra Morena there exists one humpbacked individual to every thirteen inhabitants. They are also found very numerous in the valley of the Loire, in France. The writer's conclusion is, that for every thousand persons on the globe there is one humpback, or an aggregate of a million against the thousand millions of the entire earth.

—The following death certificate was received at the Cincinnati Health Office:—

"Feb the 5 1879.

"From Doctor Greenberry

"Little Henry Johnson dide yesterday the 5 with the crupe and a heavey cold in two spasms he dide."

Doctor Greenberry, whose name appears above, is the celebrated "Voodoo Doctor" whose alleged miraculous powers have been dilated upon in the columns of the Cincinnati papers.

Notice to Subscribers.

All subscribers who have not yet paid their subscriptions for 1879, or who have not communicated with us in accordance with our request on page 105, will greatly oblige us by immediate attention to the matter.

Personal.

—Dr. Frank C. Dale, Assistant Surgeon, U.S.N., has been ordered, at his own request, by the Surgeon-General, U.S.N., for duty on the "Jeannette," as surgeon and naturalist to the American Arctic Exploring Expedition to find the North Pole. It is the James Gordon Bennett expedition.

—Dr. George Gray, of Denison, Texas, who distinguished himself by professional services rendered at Holly Springs during the late epidemic, committed suicide on the 15th inst., by shooting himself through the head. No reason for the act is assigned.

QUERIES AND REPLIES.

Dr. H. H. G., of Ky.—"Please suggest a reliable remedy for dry tetter, psoriasis, of the face."

Ans.—Arsenic internally, and the tarry preparations rubbed in at night, on retiring, will probably answer; if not, try the sulphuret of calcium (Vleminckx's Solution.)

Dr. H. M. H., of Ill.—1. There is no bisulphate of mercury in pharmacy; the bisulphuret must be what was referred to. 2. Salicylic acid, the hypochlorite of sodium, and the iodide of calcium, are recent additions to the therapeutics of nasal catarrh.

Dr. J. J. B., of Texas.—The maximum dose of sulphide of calcium is half a grain three times a day. Few stomachs will bear more. One-tenth of a grain is enough to begin with.

Querist.—"Is there danger of the physician communicating disease to a lying-in patient while he is attending a case of erysipelas?"

Ans.—We fear there is, unless the most careful precautions are taken. The subject is, however, an open one. Have any readers facts to report?

Philother.—You will find an elaborate study of the pathology of pleuro-pneumonia in cattle in a publication of the Commissioner of Agriculture in 1871.

MARRIAGES.

Haylet—Bulkley.—In Moretown, Vt., January 1st, by Rev. G. L. Wells, Dr. James Haylet and Lilla C. Bulkley.

Lauder—Hays.—At the residence of the bride's mother, in Afton, Iowa, January 9th, 1879, by Rev. R. H. Cunningham, J. W. Lauder, M.D., and Lizzie C., daughter of the late Thomas Hays, M.D.

Marshall—Perkins.—In Lyme, Vt., January 14th, by Rev. E. P. Butler, John C. Marshall, M.D., and Kate G. Perkins, both of Lyme.

Stevenson—Ewing.—By Rev. S. S. Gilson, on New Year's day, 1879, at the residence of the bride, in Uniontown, Pa., Dr. J. Stevenson, of New York City, and Miss Mary C., daughter of the late Hon. Nathaniel Ewing.

DEATHS.

Fulton.—In Philadelphia, on the 11th inst., W. West Fulton, M.D., aged thirty-four years.

Gilfillan.—In Brooklyn, February 5th, George Gilfillan, M.D., in the 82d year of his age.

Marsh.—At No. 18 West 24th street, New York, February 13th, of scarlet fever, Nellie E., only child of Alice W. and E. T. T. Marsh, M.D., aged 3 years and 5 months.

Watson.—In North Haverhill, Vt., January 29th, of diphtheria, Elmer R., son of Dr. Watson, aged 5 years and 5 months.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1148.] PHILADELPHIA, MARCH 1, 1879. [Vol. XL.—No. 9.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

CHLORAL IN THE TREATMENT OF TRAUMATIC TETANUS.

BY WILLIAM READ, M.D.

Read before the Suffolk District Medical Association.

Cumulative evidence with regard to the action of drugs on disease is what is required to enable the physician to discriminate between the active and the inert. Dr. Roberts (MEDICAL AND SURGICAL REPORTER, Sept. 14th, 1878) has given, with the two cases he reported, a very full resumé of the therapeutics of tetanus, and the following case is submitted for the purpose of adding one more to the great number already on record in which chloral has been given with a favorable result. It certainly corroborates the remark of the editor of the *Practitioner* (Aug. 1877, p. 115): "Innumerable cases of the action of chloral are reported. To make any digest of them would be impossible; but in reading them, one becomes convinced of two facts: the first, that large doses must be given, and may be given without fear; the second, that such a treatment is most valuable."

I was called, on February 9th, to attend Mrs. ——, aged 42, who, an hour previous to my arrival, had been severely bitten in the right wrist, over the head of the radius, by a Pomeranian spaniel. The injury was a lacerated wound, quite deep, about an inch in length, and gaping. Dr. Fernold, who had been called in my absence, had already thoroughly cauterized the parts, and after an injection of one-eighth grain of morphia into the arm above the elbow, a poultice was ordered to be placed over the wound. This was about 12½ P.M.

10th (Sunday). Patient was very comfortable till about 4 P.M., yesterday, when she began to have pains of a paroxysmal character, which extended from the wound at the wrist to the shoulder. Finally got to sleep, late in the night, by aid of large doses of whisky. This A.M. the pains have come on again, and at the time of the visit (10½ A.M.) were jumping along the right arm, down the side, to the right foot, and were particularly bad at the heel, along the tendo-achillis. Patient was ordered 30 grains bromide potass. in 1 drachm of ex. fl. scutellaria, every two hours, and the poultice was wet with tr. opii over the wounded surface. At 1 P.M. I received a pressing call, and found patient in the greatest agony. With scarce an interval, she was suffering from spasms, accompanied with intense pain, extending from the head to the toes on the affected side, throwing her into what looked like opisthotonos, with a good deal of lividity of the face. Dr. Cabot was called in consultation, and saw the patient about 3 P.M. After a good deal of doubt as to how much of the symptoms were due to hysteria, many of the symptoms of true tetanus being wanting, and at that time no rigidity of the muscles during the spasm being detected, it was decided to treat the case as if it were tetanus, and accordingly patient was ordered to have 30 grains chloral every two hours, in addition to the bromide of potass. already given. From the urgency of the symptoms the dose was repeated in one hour, and soon after she fell asleep.

6 P.M. Has wakened once, with a few slight spasms, and after another dose of the medicine relapsed into sleep.

9½ P.M. Slept two hours after last record. Has been awake, in an excited, partially wild state, for an hour; gave her another dose of the chloral, and in a short time patient fell asleep again. (This wild state was explained later in the disease. When she came out from the influence of the chloral so far as to be thoroughly awake, she said that she thought the bite had produced or was about to produce hydrophobia, and her anxiety was to drive away her friends from her side, and to avoid biting any of those who were around her. This accounted for the extraordinary excitement at that time, and probably also when Dr. Cabot saw her first).

11th (Monday), 9 A.M. Slept most of the night, with occasional attacks of spasm in the right side, and a constant ache in the wrist. Head free from excitement. Takes nourishment freely and in sufficient quantities.

2 P.M. Had slept nearly all the time since last record. Occasionally the spasms recur, and all the time the wrist aches. Continued treatment.

9 P.M. Paroxysms have been fewer since last record. Laboring under strong hallucinations. Continued treatment.

12th (Tuesday), 9 A.M. Had a very comfortable night. Much more rational. Continued treatment.

2 P.M. Had one paroxysm of pain, of moderate severity, at 12 o'clock. Lies in a semi-stupid state most of the time. Head full of all sorts of strange ideas. Has four principal spots of pain —the fingers, the toes, a spot just below the spine of the scapula, midway of its length, and another just above the crest of the ilium. The wound aches all the time. Slough separating. Right forearm swollen, but not hard, and showing no red line along the course of the absorbents. Abdomen swollen, full of wind, but not tympanitic. Reports that yesterday the discharges from the bowels were so frequent as to bring on hemorrhoids, with great suffering. Urine scanty, and scalding in the passage. Diminish the dose of chloral to once in six hours.

7 P.M. Was called suddenly. Has had three or four paroxysms of pain. Hallucinations continue. Pulse 88; temperature 100. In the course of the afternoon had two or three pretty severe chills, just before the spasms came on. During these the teeth chattered, but the flesh was not cold to the touch, nor was there any horripilation. Ordered the chloral to be omitted, and in its stead have the bromide of ammonium and bromide potass., fifteen grains each, every two hours, p.r.n. No paroxysm for a whole hour. Without any warning the spasms reappeared with great severity, and kept up. Dr. Cabot was called again. While he was present an attack of real and unmistakable opisthotonos came on. The muscles of the neck became rigid, and the jaws were tightly clenched. It was then decided to go back to the chloral, in its first dose, every two hours, in addition to the bromides then being taken, and if thought best, to have patient put under the effects of ether. At this time patient complained of soreness at the bend of the elbow, in the right groin, and in the popliteal space. Pressure at these points showed enlarged glands —as large as a small grape—and the pain produced by the pressure was communicated to the whole of the affected side, along the old track, from the end of the fingers to the toes. About 11 P.M. the spasms increased both in frequency and severity, and the back was very much arched. The muscles of the neck, the long muscles of the spinal region on both sides, and the muscles of the right leg and foot, were thrown into hard contraction, and the jaws were tightly clenched. The face was very much congested and the head was drawn back almost to the spine. As soon as it passed off thirty grains chloral and thirty grains of the bromides were administered, and the ether got ready. At 2.15 A.M. a third dose of equal size was given, up to which time no return of the spasm had occurred. Slept quietly till 4.10 A.M., when a half dose was given. No return of the spasm. At 4.30 A.M. a spasm came on, with less of the opisthotonos than at 11 P.M. Another half dose of the chloral and bromides was given, and the ether administered until the paroxysm passed off. Patient soon went to sleep. She was left at 5.30 A.M., with directions to continue treatment.

13th (Wednesday), 11 A.M. For the past four hours Dr. Robert M. Read has been with patient. He reports no return of the spams. Patient is quite rational. Suddenly there came an attack, while patient was lying on her face, which curved the body so much that the legs and head were drawn up from the bed, and the weight of the body rested on the epigastric region. Had she been lying on a smooth, level surface, she could have been easily turned round as on a pivot. This, like the last, was easily broken up by the ether.

1 P.M. She had one moderate spasm, easily controlled by the ether. Remained with patient until 3 P.M., during which time there was no return of the attacks. 7 P.M. Since last record patient has been in the charge of Dr. R. M. Read, who reports no return of any uncomfortable symptoms. Patient has been taking 30 grains

chloral and 30 grains bromides regularly every two hours since 10 o'clock P.M. (Tuesday), 12th, 48 hours—24 doses. Staid with patient until 2 A. M. Thursday, when Dr. R. M. Read took charge. Ordered the dose of medicine to be given every 3 hours, and if patient was quiet to increase the interval.

14th (Thursday), 9 A. M. Dr. Read reports no return of the attacks. Patient thoroughly stupefied by the medicine. Pupils contracted. Sleeping heavily, but can be roused, and answers questions after a fashion. Diminished dose one half.

1 P. M. Had a slight chill about noon, which was easily broken up by putting a few more clothes on the bed. Has now slept quietly, except when roused to take nourishment or medicine, for more than twenty-four hours. The bowels having had no movement for several days, an enema was given, which operated freely.

8 P.M. Sleeping quietly, and no return of the attack. The interval between the doses was now increased to five hours. At 11 P.M. I left her in charge of Dr. R. M. Read.

15th (Friday), 9½ A.M. No return of the spasms from time of last record. Wound on wrist suppurating freely. To have only bromide potass. every six hours.

1 P.M. Comfortable.

6 P.M. In a satisfactory condition as to the spasms, but is very hysterical and flighty. Complains of pain low down in the abdomen. Gave her 30 grains bromide potass. in addition to 15 grains administered about an hour ago. Applied a sinapism to pubic region. Imagines the ceiling and walls of the chamber to be covered with blood spots and cobwebs, and that spiders and bugs of all kinds are dropping on her in quantities; to avoid them she covers her head with the bed clothes. 10 P.M. More quiet. Complains of pain everywhere, but it is doubtful whether it is real. To continue the bromide every two hours through the night.

16th (Saturday), 9½ A.M. Excitement growing less. Diminished the dose of the bromide one half.

1½ P.M. Excitement continues to diminish. Continued treatment.

9 P.M. Patient is now quite rational most of the time, though she cannot believe that the cobwebs and blood spots are not real. The bugs have entirely gone.

17th (Sunday), 9½ A.M. Menstruation came on in the night, with a good deal of pain, and has temporarily increased the head symptoms. To have—

℞. Valer. ammon.,	gr. x	
Bromide potass.,	ʒ ss	
Ol. caryophyll.,	gtt. ij	
Syr. aurant. flor.,	ʒ j.	M.

Sig.—ʒ j once in six hours.

9 P.M. The hallucinations, mixed with rationality, have continued all day. Still menstruating, but in a very scanty degree. Pain less than at last record. To omit all medicine.

18th (Monday), 9 A.M. Slough at wrist has separated. Applied straps to wound.

8 P.M. Doing well. The mind is gradually coming to itself, though she cannot disabuse herself of the hallucinations.

19th (Tuesday). No material change.

20th (Wednesday). No material change.

21st (Thursday). No material change. The mental condition continues, with very slight diminution.

22d (Friday). Has been more quiet.

9 P.M. Continued to improve.

23d (Saturday). Improvement.

24th (Sunday). Improvement; the hallucinations, or rather, the impression that what she thought she saw was real, have not entirely disappeared. She does not see any cobwebs or blood spots, but is very much excited if any attempt is made to reason her out of it.

28th. Has got entirely rid of the unnatural mental condition. Went down stairs with the family.

March 5th. Wound on the wrist entirely closed over. Patient seems to be convalescent. The only thing remaining is an overwhelming dread of hydrophobia in the future. The time she has set for its appearance is six months from the date of the bite. This belief is absolute. No reasoning, no asseverations to the contrary, no encouragement, can shake it.

Of the dog, it may be said that there was no evidence at all of its unhealthiness. The bite was given instantly, upon a motion of the patient which the dog construed into a threat.

March 25th. In good general health. The seat of the bite gives her great suffering. It swells, becomes purple in color, and lancinating pains extend from it up the arm, to the shoulder.

In the time between Sunday, February 10th, at 3 P.M. and Friday, 15th, at 9 A.M., 114 hours, patient took 1710 grains of chloral (three ounces, four-and-a-half drachms) and at least as much of bromide of potass. and bromide of ammonium in equal parts. Taking the whole time between the commencement of its administration, until it was omitted, the average dose was 350 grains for each twenty-four hours, a larger quan-

tity than I have seen reported, but which was perfectly well borne, and apparently brought about the favorable termination of the attack. Patient has continued well up to the present date. The only remaining trouble is in the eschar of the wound, which at times burns as if a coal of fire was placed on the skin, swells and puffs up above the level of the surrounding skin, and becomes very livid in color.

INSTRUMENTAL INTERFERENCE IN UTERINE DISPLACEMENTS.

BY O. E. HERRICK, M.D.,

Of Greenville, Mich.

Perhaps there is no subject which has so occupied the minds of medical men, or been the theme of so great a number of essays and papers, as that of uterine diseases and displacements. Wide apart as their theories have been, still, if possible, their treatment has been even more conflicting than their pathology. Yet, notwithstanding all these differences of opinion, the science of gynecology has made more rapid strides toward perfection since Dr. Hodge discovered the uterine pessary, and the instruments devised have become each year nearer to the class of instruments known as instruments of precision. The name of Dr. Hodge will always be remembered and mentioned with veneration by the profession, and will be classed with the names of other great discoverers in medicine; but his, like their discoveries, should be improved upon as medical science moves onward toward its place among the *exact* sciences. I apprehend that the class of physicians who have denounced anything like instrumental interference in the different displacements of the uterus are becoming fewer as the years go by; until now nearly all teachers on female diseases urge the judicious use of pessaries as one of the chief means of treatment of those troublesome diseases. Unquestionably there are a few physicians yet who stoutly oppose pessaries in any form, and will continue to treat their patients afflicted with displacements, in the future, as in the past, with iron and bitter tonics, with mild laxatives, etc., maintaining their belief in the efficacy of such treatment alone, and frowning upon the brother practitioner who dares to make capital by treating those same patients, when they fall into his hands, by modern means, and after modern notions, persisting that all pessaries do absolute harm instead of good, even after a radical cure has been effected in the same patients which they may have assiduously plied with tonics for a quarter of a century.

I cannot forbear giving one example to illustrate this class of practitioners. An old gentleman physician of my acquaintance, whose counsel and judgment I should value very highly upon most subjects, said, at a late meeting of a local medical society, "displacements of the uterus should hardly be classed as a disease; they seldom cause the patient much harm or inconvenience; why, I have known women who went about with the os-tincæ protruding through the labia the most of the time for twenty years, and yet did all the work for a large family, and occasionally 'gave the husband a lift with his work.'" What an argument against treating, and devising better means to treat, a very distressing and common malady! What untold miseries those poor women must have suffered! what a wearied existence! to work hard, day after day, with the os protruding; what a boon a properly adjusted pessary would have been to those suffering patients of the, to say the least, obstinate and negligent doctor. Those physicians who "do not, and never have, used anything in the shape of a pessary," as is too often their boast at meetings of medical societies, are, I fear, men who are in the habit of letting such patients glide along from one year to another, simply using palliative measures, until some troublesome brother practitioner comes along, and accomplishes in a few short weeks what the tonic and expectant plan had failed to do after long years of trial. It is a well known fact that all of our most successful and noted gynecologists both use and recommend their students to use some kind of mechanical support in the treatment of uterine displacements. Dr. J. Marion Sims said, before the Section on Obstetrics and Diseases of Women, at the meeting of the American Medical Association, at Detroit, "I insist that if gentlemen will adapt the instrument properly it will prove of great service. Where failures occur, it is the physician who fails, and not the principles of the instrument. Changes must occur in the uterus from time to time, and it is only by experience, diligent study and research, we are able always to meet the individualities of a case."

I think the reader can easily conjecture, from the preceding pages, that I am an advocate of "instrumental interference" in uterine displacements. I consider it just as essential to the ultimate recovery of the patient, in any displacement of the uterus, to have a properly adjusted pessary, as that a proper splint should be applied to a fractured bone; and after a pessary is introduced

it should receive nearly as much attention. What would be thought of the surgeon who adjusted a splint to his patient's thigh, and then paid no further attention to the case? And yet this is exactly the situation with a large number of physicians who adjust pessaries; the patient is left to remove the instrument herself, or wear it to the end of her days. I apprehend that much of the opposition to the mechanical treatment of uterine displacements emanates from the above mentioned class, and the only thing to be wondered at is that they ever use them. In my opinion physicians should, if they treat such cases at all, treat them to cure the difficulty, and not simply to palliate the symptoms. If there is a deformity in the shape of an enlarged vagina, from rupture, either partial or complete, during childbirth, or from any other cause (for I believe the vagina to be the principal support of the uterus), an operation should be performed to reduce it to its normal size, then a proper pessary introduced, to keep the displaced organ in position until the vagina heals and is able to sustain the weight and give the support nature intended it should. After that is accomplished the instrument may be removed, when the uterus will usually remain in place. When we consider the anatomy of the vagina, and notice that external to the mucous membrane its walls are constructed of fibro-cellular tissue, which, in the normal state, is contracted sufficiently strong to throw the mucous membrane into numerous transverse folds, and which can be contracted at the will of its owner, it is very easy to see that anything which tends to weaken these walls, or prevent them from being contracted at will, is liable to be followed by descent of the uterus, there being nothing to support it from the bottom; consequently, from force of gravity, it descends, putting all its ligaments upon the stretch, thus causing all of those distressing symptoms usually met with in uterine displacements.

I believe that procidentia uteri is nearly always preceded by relaxation and dilatation of the vaginal walls, either from childbirth or from long continued leucorrhœa, or excessive coitus; or, as in one case which came under my own observation, where the vagina had been occupied for several years with a large fibroid, which distended and destroyed the contractility of the muscular fibres of the vagina, so that after the tumor had been removed the vaginal walls did not recover their tonicity. I have never yet seen a case of uterine displacement without a corresponding weak and dilated vagina, and if we press our inquiries close enough, we shall always find, in all such cases, some of the above mentioned causes to account for the displaced uterus and dilated vagina, excepting, of course, those cases where there is an accumulation of liquid in the abdominal cavity, or a voluminous ovarian or other tumor, which may displace the organ downward, from the pressure from above, in which case the vagina may be natural.

I will give only two cases, which will serve to illustrate the preceding paragraphs:—

Case 1.—Mrs. C., aged thirty-three years; married eleven years ago; has never borne any children. About eight years ago she noticed that there was something growing in her vagina, and after about a year from first discovering it sought medical advice, and was told she had a fibroid tumor; an operation was advised, but she did not submit to it until about two years after, when she had it removed. Has been troubled with a displaced uterus and leucorrhœa almost all of the time since, about five years; had been treated by many different physicians, with different methods, and has worn many pessaries, some of which gave her temporary relief, but never could wear them over a week at a time, because of the irritation they produced. Upon examination I found the vagina dilated and flabby, the uterus prolapsed and anteverted, and about twice its normal size. I applied a pessary made of a soft rubber ring, with a silver wire attached, which served for a stem and also as an electrode for the galvanic apparatus (described in the number of this journal for Nov. 23d). She wore this pessary with galvanic attachment for about two months, when I removed the galvanic portion, and left the simple pessary, which she continued to wear for about four months longer; I then removed it altogether and she has continued well. During the time she was wearing the pessary, it was only found necessary to remove it twice. For the first two months I gave her—

℞. Fl. ext. ergot,
Fl. ext. viburnum prunifolium
Fl. ext. viburnum op., āā ℥ij. M.

Sig.—Take a teaspoonful three times a day.

Case 2.—Mrs. H., aged 56, and the mother of eight children, the youngest one of which is about twenty years of age. This patient's difficulties dated from her last confinement. A vaginal examination revealed a prolapsed uterus and an enormously distended vagina, caused by rupture of the perineal body, or a partial laceration of the perineum, which had been evidently overlooked by the attending accoucheur, who was, doubtless, misled by the fact that no external evidence of any such accident existed. The

treatment consisted of a very simple plastic operation within the vagina, and supporting the uterus until the wound became perfectly cicatrized. The operation consisted in simply snipping off, with a pair of slightly curved scissors, a portion of the superabundant mucous membrane of the posterior vaginal wall. This was very easily accomplished by putting two fingers of the left hand, back downward, into the vagina, and seizing as much as was desirable of the mucous membrane between the fingers, and snipping off the protruding portion. The edges of the wound were brought together by interrupted sutures, after which the vagina was found to be two inches smaller than before the operation. The uterus was held in place by the same instrument as in Case No. 1. She was able to dispense with it much sooner, however. She only wore it two months, when she was able to get along without further mechanical help.

I have cited these two cases because they are extreme ones, and because they both made perfect recoveries. Without claiming any particular skill upon my own part, it would seem that if these cases of so many years' standing were enabled to recover, the thousands of more trivial and recent ones ought most certainly to do as much. At the meeting of the American Medical Association, held in Detroit in 1874, before the Section on Obstetrics and Diseases of Women, Dr. Pallen, of New York city, said, at the conclusion of his remarks upon the subject of pessaries, "The rule for the introduction of a pessary is, that the instrument should conform as nearly as possible to the natural curvatures of the vagina, and it should be no longer than the distance from the horizontal ramus of the pubis just above the arch, to the posterior fornix of the vagina. In ordinary-sized women this rarely exceeds two and a quarter inches. A pessary of this size follows the normal transpositions of the vagina coincident with the rise and fall of the abdominal contents during respiration. A large pessary keeps up hyperæmia of the vaginal mucous membrane, and induces leucorrhœa, dysuria, and vesical tenesmus."

Conceding this theory to be correct, then, we should be governed by it in the selection of a pessary, and choose one which least disturbs and dilates the vagina. In my judgment the one least likely to do so is some kind of a stem pessary, of which there are three or four of nearly equal merit. In my hands the simple soft rubber ring, held in place by a twisted silver wire stem (described by me in a former number of this journal, and to be had now of almost any dealer in surgical instruments), has answered the purpose excellently, while its cost is almost nothing. Dr. Wenzel said, in the REPORTER for Nov. 23d, "It is essential for a pessary to fit accurately." It is necessary that the instrument should fit, and no other should be used; at least, none which does not admit of being remodeled by the person adjusting it, until it does fit that individual case. Frequently it is necessary to have a greater curve to the stem in a given case; and then the stem should admit of being bent until it fits the axes of the vagina. All vaginas are not of the same length or curve, any more than are all legs, arms, or feet. If it is necessary for the pessary to be worn for any considerable length of time, and many times it is, when cases have become chronic, the part upon which the uterus rests should be composed of soft rubber, from the fact that any hard substance, if left in contact with the uterine neck, will cause soreness, and unless it is closely watched, produce ulceration. The instrument selected should also allow the secretions to pass away, and admit of the free use of the syringe without being obliged to remove the instrument each time it is used.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROFESSOR DA COSTA, FEB. 8, 1879.

REPORTED BY FRANK WOODBURY, M.D.

A Case of Disseminated Spinal Sclerosis, Concluded.

GENTLEMEN:—At the close of our last lecture I was engaged in discussing with you a case of multiple sclerosis, affecting more particularly the antero-lateral and posterior columns of the lower half of the spinal cord; not limited, however, to the inferior portion, but involving the continuity of the cord as high up as the cervical region and the origin of the brachial plexus, for, as you will remember, the upper extremities also participated in the disease. The impairment of motion and sensibility was very marked in the legs, but as you saw, it was not confined to them; it existed, although to a less degree, in the arms.

By spinal sclerosis I mean such an increase of fibrous tissue, with progressive secondary destruction of nervous elements, as would lead to degenerative changes and serious impairment of function in the affected parts. It may have been preceded by congestion, but it is not distinctively an inflammatory process. In the course of time this condition, which at first was purely a spinal affection, will invade portions of the brain also, and what is now an example of disseminated sclerosis of the spinal cord will then become one of typical cerebro-spinal sclerosis (*sclérose én plaque*). When this occurs, new symptoms will appear in the case, such as tremor, which I will not now stop to discuss.

I have said that this is a case of disseminated sclerosis involving certain columns of the spinal cord, more particularly in its lower part, but extending also to the cervical region. The reasons upon which I base this statement are that, although the difficulty originally was confined to the legs, the arms are now sensibly affected; and also, because of a point which was not sufficiently stated at the time he was before you at the last clinic—not clearly stated because we had ourselves not sufficiently studied it at that time—that there is a want of power in the lips and around the tongue, expressed by more or less failure in motion, and a certain impairment of sensation; his lips feel puffy, swollen, and stiff. This, of course, looks as if the disease were now affecting parts near the medulla oblongata, for those of you who are familiar with the clinical features of such cases, will remember that in these symptoms it approaches a case of bulbar paralysis, or glosso-labial palsy, in which the seat of disease is in the medulla oblongata, in the nuclei of which we find the roots of origin of the nerves that supply sensation and motion to the lips and tongue. I mention this to enable those of you who are keeping notes to complete your records of the last examination.

To return to the strictly spinal phenomena: recall the impairment of sensibility, associated with loss of power in the legs, and the symptoms I have just detailed to you, and you have the patient, as it were, before you for discussion, as he was at the last lecture, when I told you that the anterior and lateral columns, as well as the posterior, must be implicated. That the posterior column is affected, we know, from the disordered sensibility. You remember that we ran a needle into the soles of his feet without causing pain, and you observed also how little sensibility he exhibited to the action of the electric current; electro-muscular contractility, too, was almost gone, on account of defective sensibility. We have, therefore, evidence of disease of the posterior columns, just as we find it in so-called *tabes dorsalis*, or locomotor ataxia, which is due to sclerosis of the posterior columns.

Why not call it, at once, a case of locomotor ataxia; why pronounce it one of disseminated sclerosis? Simply because we have here an amount of actual loss of muscular power which does not happen in true, uncomplicated sclerosis of the posterior columns, cases of locomotor ataxia, or so-called Duchenne's disease, where you will often find groups of muscles acting with a good deal of force; but the difficulty is in combined movements of different groups; the power of coördination is impaired or lost. From the moment that you find the muscular power itself diminished, you must believe that the degeneration has extended from the originally diseased part, and is invading the cells of the anterior cornua, and that the anterior columns of the cord are undergoing similar changes. Our patient cannot walk at all when he is out of bed; he can move the limbs with a certain degree of force while lying down, but not when he tries to walk. This loss of power is demonstrated very clearly in the loss of electro-muscular contractility. Even a moderately strong current failed to make the muscles move. From this test we can see that motility is definitely impaired, which in locomotor ataxia is not directly affected, or at the most, only to a very slight extent, under the application of the battery; while in this case electricity made the muscles move, remember, it was only a very strong, slowly interrupted current, that gave the slightest result. Therefore, it is from the deterioration of electro-muscular contractility, and the loss of voluntary power in the muscles, accompanied by wasting of the lower extremities, that I have arrived at this diagnosis, and pronounce it a case of disseminated sclerosis of the cord, rather than one of simple locomotor ataxia.

It would take me too long to consider fully the course of the disease, and the many interesting points that are suggested by it. I will merely state that I believe that it began in congestion, and perhaps was accompanied by slowly developing inflammation of the meninges, with subsequent tissue changes along the course of the vessels passing into the cord. The history of exposure to cold, the symptoms of meningitis, and finally the ataxic phenomena, are still fresh in your minds. I can only stop to point out to you that in the slow beginning, incomplete paralysis, and the less marked atrophy, we have a decided difference between this case and those I showed to you at a former clinic, of *polio-myelitis anterior*. I shall not dwell upon the differential diagnosis, and only speak of this because I was prevented at our last meeting. Nor will I at present do more than allude to the treatment adopted. He is taking corrosive sublimate, from which I have had the best results in these cases, pushed as far as it can be borne by the stomach, and given for months at a time. Of course, we must also attend to the nutrition of the muscles; they shall be rubbed, and electricity shall be regularly applied as part of the treatment; we do all this, but, at the same time, depend upon the corrosive sublimate as our chief reliance in checking the progress of the disease. Whether or not it will do good in this case I cannot say; we can only give it a trial. You remember that he was also taking, occasionally, small doses of strychnia, for its tonic effect, and for his vesical trouble, and it might be given hypodermically with advantage, for its local and not for its constitutional effect, which, as you know, would be contra-indicated by this morbid state of the spinal cord. The bichloride of mercury, given for its absorbent and alterative effect, is the main treatment, which I prefer to iodide of potassium in this disease; although the latter has been used, and we might adopt it here should any reason appear to make a change desirable. The treatment prescribed, then, would be one-fifteenth of a grain of corrosive sublimate three times a day, friction and shampooing of muscles, the local use of electricity, two or three times a week (the primary current in preference), and general hygienic care. From the ordinary faradic current sent along the course of the nerves, I must say that I have never seen any effects in cases of paralysis like the present; but the mechanically-interrupted continous current, from a number of cells, applied directly to the different groups of muscles, increases the muscular tone and aids nutrition, and I have seen good results from its application.

The Significance of Persistent Vomiting in Young Women, and its Rational Treatment.

I will now show you some interesting cases from the women's medical ward, and give a few observations upon vomiting as a symptom of disease. This patient is a German, 25 years of age. Her family history is not good; a sister and her father both died of consumption. She states, however, that she herself has always been healthy. Beginning to menstruate at seventeen, the menstrual function then stopped until she was twenty, and since then has been irregular. She married at eighteen, and became a widow at twenty-four. The irregularity of menstruation was not only during her married life, but occurred prior to it, and has existed since.

She came into the ward with what appears to be a very serious difficulty; she was vomiting incessantly, and had been vomiting for a year; she has been in the hospital just one week. You have heard her statement, that she has been vomiting for a year. Questioning her before you, she says that occasionally she could retain her meals, but of her three meals she certainly lost two every day. She did not vomit between meals. The resident physician, who has watched the case, says that she does vomit at times between meals; her own statement must, therefore, be modified, but the vomiting is certainly aggravated by eating food. She occasionally, but not often, wakes up at night to vomit. She was a stout, healthy woman, but in consequence of this disorder she has become thin and pale, although at this moment she does not look quite so pallid and wretched as she ordinarily does. She has picked up wonderfully within the last few days, and she has not vomited at all to-day.

The first thing to be done was to examine the vomited matter. This has been accomplished, with a negative result, in that it was found to contain no sarcinæ, and no blood cells, nothing but mucus and particles of food.

With the condition stated, there is associated a slight, dry, irritative cough, which she says she has had during the whole period of her sickness, that is for more than a year; please observe that there is no expectoration with it.

Before making any remarks upon this case, I will examine with you the gastric symptoms, and the intestinal organs generally. The tongue is slightly coated and flabby; it is broad and indented by the teeth. There is some tenderness in the middle dorsal region of the spine; there is also soreness on pressure in the epigastrium, but there is no prominence, thickening or tumor to be found; nothing hard can be felt in the abdominal cavity, but there is a generally diffused soreness about the stomach, not localized, however, in any particular spot. The bowels, generally, are constipated.

I will examine the lungs, and see if this cough has any meaning; but find that it has not; the respiratory sounds are healthy. The urine has been examined, and does not contain any abnormal ingredients; to read you the actual note, it is as follows: Urine, specific gravity 1.025, acid, contains neither albumen nor sugar, and is of normal color. There has been no fever, and her temperature this morning is 98½.

I have now given you the history and the present condition of this case, and you will ask me what is the cause of this persistent vomiting, and what remedies have been employed that could have stopped it in this short space of time—in not more than three days since the treatment began?

In the first place, what is the matter with the woman? When I saw the patient in the ward and heard this history of uncontrollable vomiting, my first thought was that this is a case of irritable stomach, similar to others I have seen occurring in young women, and associated with gastric ulcer. The appearance of the tongue, her age, the sore spots in the back, along the spine, the vomiting after taking food, were all in favor of this view, but I very shortly dismissed the idea. I knew that gastric ulcers do not have general soreness, but rather localized tenderness in the epigastric region; here it was general. I also knew that if this were a case of gastric ulcer, since it had existed for a year, it should give us all the symptoms of such a lesion; we should have hemorrhage, and above all, we should have pain, increased by eating. The most prominent symptom, pain, was absent; the next most prominent symptom, vomiting of blood, was also absent. I therefore rejected this, for another idea. In the last year I have seen three cases, two in private practice, and one in this hospital, in which there was incessant vomiting; the patients were reduced to the verge of death—vomiting, vomiting, vomiting; nothing stayed upon the stomach; in these I found that the difficulty was not an ulcer of the stomach, but was due to reflex irritation from some other organ which itself was the seat of disease. The cause of the trouble, I discovered, was some form of flexion of the uterus, with congestion, and perhaps more or less ulceration. This was the cause of the irritation, and the vomiting in these patients at first resembled, in its pathology, the vomiting of pregnancy, but in the course of time became complicated with some gastric catarrh, from the long continued functional disorder.

In the light of this experience I began to suspect that such was the case here. An examination was made, the result being that a retroflexion of the uterus was discovered. Now, of course, the case begins to clear up. It is one of reflex vomiting, with some gastric catarrh, going on for an entire year, in spite of the greatest care in regard to diet and general treatment.

When she was admitted into the hospital she was simply put upon a diet of milk and lime water, until her condition should be observed. The vomiting continued; although it lessened under the strict diet, it did not disappear. Now, you wish to know how we have checked this vomiting, how accomplished this result? I gave her the treatment that had been previously successful in my experience—the application of ice bags to the spine, between the shoulders, leaving them on for some time, until the skin is thoroughly cold and she begins to feel chilly. She has had absolutely no internal treatment; the diet has been the same; but she has improved almost from the first day of the application. Now, gentlemen, you will not always be as successful in the use of this remedy alone; but

as I know from experience its value, I was determined to give it a trial. Is there nothing we can combine with this treatment? Yes. Remember that we tried it alone here, because we have not as yet found it necessary to use anything else in these cases. I have also used the bromide of sodium, which lessens reflex irritability and is not offensive to the stomach; it may be given in ten or fifteen grain doses, three or four times daily. I also purge the patients occasionally by stimulating enemata, or a saline aperient by the mouth. If the stomach will bear it, any of the bitter waters, Vichy or Carlsbad, will answer well. I occasionally, also, use a blister to the spine. I do all this quite irrespective of any treatment that may be called for by the uterus itself, which should receive early attention. In our patient we have not resorted to anything in the way of systematic local treatment, but she shall have, to-day, an appropriate pessary introduced; but you may now see the effects of the general treatment before any local remedies are used. No permanent reliance, however, can be placed upon palliative measures until the source of the reflex irritation is overcome; while, on the other hand, the long continued habit of vomiting may not be made to cease immediately simply by the removal of the uterine disorder. These cases of chronic vomiting are difficult to manage, and you will often find them unsatisfactory to treat.

The diet shall be gradually and cautiously extended. Her tongue is cleaning, and it will not be amiss to give her pepsin—say five grains of saccharated pepsin three times a day, while the ice bags are continued, to keep down the irritability of stomach and the sensitiveness of the spinal cord. These shall be applied at least twice a day. If you like after a while to give some bitter tonic, it will come in very well.

Before dismissing this patient, I will call your attention to the resemblance which this case bears to what is called purely hysterical vomiting, but in which you will not, as a rule, find any marked ulceration, or flexion of the uterus, as we have here. Moreover, in this case we have not the symptoms of the nervous state which has been termed hysterical. The maladies are similar but not alike. In conclusion, I will remind you that in so-called hysterical vomiting you need not expect the same results from treatment that we have obtained in this case.

Hematemesis and its Management.

This is another patient suffering from vomiting. She is 55 years old, single, and comes from a family said to be healthy. Her own health, prior to her present illness, has not been bad, considering her age and occupation (that of a cook), which is rather a sedentary one.

For a long time she has been suffering from what she calls dyspepsia, with constipation, flatulence, and occasional sick headache, and with a certain amount of pain in the stomach. After a while she noticed that the abdomen began to swell, and became painful. She has vomited blood twice, exclusive of this morning. Her general health has failed a good deal. She has lost flesh, and has become pale and anxious looking.

Now, gentlemen, to-day she vomited blood again, and I shall consider her this morning in a double aspect; first, as a case of hematemesis, and secondly, in connection with her general gastric symptoms, after the manner in which I have already sketched the other case. If my time prevents me from completing the discussion this morning of the second topic, I will, at least, complete that concerning the hematemesis, its cause and treatment.

You recall the fact that she has been vomiting for a long time, and she tells us that prior to admission she had attacks in which she vomited every day for several days, and then escaped for a week or more. She also had pain in the stomach after eating, and sometimes, not always, there was pain, lasting for a couple of hours, after taking food. She also had attacks of gastric pain, whether she took food or not. Finally, she comes into the hospital for the relief of the vomiting mixed with the other gastric symptoms which you have just heard detailed. This morning she vomits what I now exhibit. While the case is still fresh in your minds, I show you this vomit—black, coagulated, half digested blood, resembling coffee grounds—the typical discharge of hematemesis. Quite independently of any preceding lesion, it is evident that this morning there has been a rupture of vessels in the mucous membrane of her stomach, and bleeding has resulted. There is, I should judge, about three-fourths of a pint in the basin, of this grumous, dark liquid.

Now, before going any further, we should make sure that this blood is from the stomach. In the present case a glance at the vomit decides this question; blood like this could not come from any other source, and we accept this quite irrespective of any history of previous disease of the stomach. From the point of view of this hemorrhage, let us see what we can do for her relief. Her temperature, all along, has been normal, until this morning, when it went up to 100° (axilla). The pulse is small and compressible. There is soreness in the epigastric region, and her tongue is dry and slightly coated. She looks quite pale and weak.

She is scarcely in condition to permit any very accurate diagnosis of what the original disorder was which has given rise to this bleeding; when the hemorrhage is over we can better decide this point. That it is connected with structural disease of the stomach, everything in the previous history favors; but the discussion of the one question, as to what gastric malady has given rise to it, must be deferred to another occasion. The subjects before us for consideration are, How shall we treat the hemorrhage? and How prevent its recurrence? For the checking of hematemesis, one of the most efficient remedies is ergot; it may be given hypodermically, about ten minims being thrown under the skin at a time; and if there is the slightest symptom of a return of the hemorrhage we shall resort to it. She may also suck pieces of ice, or swallow small fragments. She should be kept perfectly quiet in bed, and be fed *exclusively* by the rectum, by nourishing enemata of milk and beef tea; and if she shows signs of failing, a little brandy may be added to the enema, to be given every fourth hour.

Finally, as a difficulty of this kind is likely to be attended by some inflammation, which is here also indicated by the rise in the temperature, she shall have a small blister applied to the epigastric region.

Ergot hypodermically, ice to suck, nutritious and stimulating enemata, counter-irritation over the epigastrium—you see that no remedies have been ordered to be introduced into the stomach, and this I consider the best method of treating hematemesis—allowing the patient to swallow neither medicine nor food, and nourishing her by the rectum exclusively, until the symptoms are relieved.

Should this treatment not succeed, I would recommend that a small quantity (ten drops) of turpentine shall be given in emulsion, with broken doses of morphia (say one-twenty-fourth of a grain) every third hour. This shall be held in reserve; but I consider the first as the better plan of treatment, and should always give it the preference.

THE NEW YORK HOSPITAL.

DISEASES OF THE SKIN.

BY L. DUNCAN BULKLEY, M.D.

Reported for the MEDICAL AND SURGICAL REPORTER.

Herpes Zoster.

In this man we have a beautiful example of the disease known as *herpes zoster*, zona, or shingles. It is, as you perceive, an acute inflammatory affection located on one side of the trunk, reaching from the median line in front to the median line behind, and occupies the space from the fourth or fifth to about the eighth rib; the eruption, you see, is composed of very flat vesicles, in groups, some few groups of papules, and considerable erythamatous redness. It is exceedingly rare for this disorder to extend beyond the median line, either in front or in the back; but here you will notice that it does slightly exceed this limit. You know that there is a popular saying that if the shingles extend entirely around the body the patient will certainly die; this is founded, in part, upon the fact that it never does thus embrace the trunk, from the very nature of the affection, as I shall mention later. It can only encompass the body by the simultaneous development of two distinct zosters, one on each side, at the same height; this I have never seen, though I have repeatedly seen two separate eruptions of this kind on different parts at the same time; and cases are on record where the disease has encircled the body, and that too with safety to the patient. It is interesting to observe how exactly the lesion follows the course of the intercostal nerves; and this is not difficult to understand when we reflect that the disease is due to an inflammation of the ganglia upon the posterior roots of the spinal nerves of the region affected, as has been conclusively demonstrated by a number of post-mortem investigations.

It is probable that herpes zoster is to be attributed, in a considerable number of instances, to nerve injury; as, for example, it has been recorded as occurring as the result of Pott's disease, also from cancerous trouble in the vertebræ. Sometimes the injury to the nerves is due to violence, and it has been thought that in the present case this might be the origin of the difficulty, since, some time ago, the man received a blow (on the opposite side, however), which has resulted in atrophy of the muscles about the scapula. I should not be inclined to suppose that this had anything to do with the herpes zoster now present; for such attacks as these are sufficiently common (especially in the spring and autumn), and generally seem to occur without any very definite cause, as far as we are able to judge.

In regard to the treatment of such a case as this, there is danger, both of doing too much and too little. This acutely inflamed, terribly sensitive tract of skin should be protected and soothed, but let me caution you never to apply a poultice to these cases, or an ugly, sloughing surface may result. Nor is this eruption well treated by ointments, for grease generally seems to disagree. The plan I almost universally adopt is the following: The whole of the inflamed surface is to be thoroughly dusted with finely powdered starch, and then a muslin band large enough to cover all the affected part is also to be covered with the starch powder and to be applied firmly around the chest, and sewed on, the object being to protect the surface by a covering, over which the clothes will slip, and what little friction takes place between the cloth and the skin is reduced to a minimum by the starch powder. This case requires no internal treatment; the disease, as you know, is self-limited.

Eczema of the Head and Face.

I bring this old man with eczema of the head and face, who has been presented to the class before, again before you to-day, in order that you may see the very marked improvement that has already taken place in his case. When you first saw him, it was a case of acute erythematous eczema, (*eczema rubrum*), and in some portions the eruption, you remember, was very moist. It was greatly aggravated just behind the ears, and the ears themselves were stiff and in a state of fixation, appearing almost as if they would break off if handled. Now, on the contrary, the moisture has entirely left the eruption, which has dried up to a great extent, and the ears are perfectly supple and movable. He is taking what is known in my clinic as Startin's mixture, of sulphate of magnesia and iron, after the following formula:—

℞.	Magnes. sulphat.,	℥ j	
	Ferri sulph.,	ʒ ss	
	Acidi sulph., dil.,	ʒ ij	
	Infus. quassiæ,	℥ viij.	M.

SIG.—Take two teaspoonfuls after eating, in water, through a tube. Locally he at first found most relief from oxide of zinc ointment (ʒ j–℥ j); he now is rapidly improving under that of tannin (ʒ j–℥ j).

Tinea Tricophytina Capitis.

This boy, nine years of age, has a parasitic disease of the head, which, in this case, is very easy to diagnose at first sight, if one is at all familiar with the affection. It is a case of ringworm of the scalp, known as *tinea tonsurans*, or, better, *tinea tricophytina capitis*. We see here

a well-marked patch, of about an inch in diameter, just to the left of the median line on the front part of the scalp, of a dirty-grayish color, and apparently devoid of hair. But it is not entirely bereft of hair, as in alopecia areata, for when the finger is passed over it, it is found to be covered with a growth of stiff hairs which seem as though they had been clipped off close to the scalp. These short, stumpy hairs (when we can be sure that the hair has not been cut with the scissors), are perfectly pathognomonic of this disease, and when we once feel them, the diagnosis can be made with the eyes shut. On examining the boy's head a little more carefully, I find another spot in a different locality, which presents exactly the same characteristics, and which was at first concealed by the long hair in its vicinity.

The affection here present is due to a vegetable parasite known as the *tricophyton tonsurans*, which is also the same parasite that gives rise to ringworm on other parts of the body. Now the hairs, as you know, pass directly through the rete mucosum, the papillary layer, and all the structures of the skin, reaching down into the subcutaneous, cellular tissue. Each hair follicle, you will remember, has, practically, two coats, called inner and outer root sheaths; the outer one is continuous with the *rete malpighii*, which I show on the board with yellow chalk, and the inner one is an epithelial layer continuous with the epidermis, shown in red chalk. The bearing of these anatomical facts upon the disease, and its pathology, is this: The *tricophyton* is a vegetable parasite, having its seat in the epithelial layer, and characterized by microscopic spores, or minute rounded bodies, and mycelia, that is, small, jointed, thread-like structures, showing a rounded extremity, and generally exhibiting branches. The spores are the seeds of the disease, which may be scattered anywhere among the epithelial cells. When situated upon the general surface of the body, the parasite, being an air plant, cannot get down as far as the solid portion of the skin, and lives entirely in the epidermis and rete malpighii, but when it lodges on a region that is covered with hair, it follows the epithelial elements down the follicles, even to its very base. The hairs, also, being epithelial structures, are penetrated by the parasites, become brittle, and snap off short, thus giving to the region affected by it the characteristic appearance of having been clipped with the scissors, from which the term *tonsurans* is derived. There is nothing like this either in syphilis, eczema, favus, alopecia areata, or any other disease with which this might be confounded. As I have before had occasion to remark, alopecia areata is not due to a parasite at all; but must be regarded as a true atrophic disease.

Now in order to make the diagnosis even more conclusive, let us attempt to remove some of these short hairs over the affected region by means of the epilation forceps. On doing so, we find that they almost invariably break off; so brittle have they become, by reason of the disease. The best way to practice epilation here would be to apply soap, and then scrape the part well; after which, as a parasiticide, a wash of bichloride of mercury (four to eight grains to the ounce), might be employed by the physician. Any of you that desire specimens from this boy's head for microscopic examination can have them; and for this purpose it is not even necessary to have a single piece of hair, the simple *debris* or scales being quite sufficient for the diagnosis. Place these portions in a little liquor potassæ and glycerine, upon a slide of a microscope, and with a magnifying power of about 300 diameters you will easily recognize such structures as are shown on this plate, which I now pass around. The disease has been proved to be really due to the tricophyton tonsurans, first, because no case of it can be found without this parasite, and, secondly, because it has been inoculated. If the attempt were made to make inoculations from this parasite, it is probable that in not one in ten individuals would it succeed; but the fact that it did succeed in some would show it to be inoculable. That it should fail in the others would simply be because the soil, so to speak, would not be in a proper condition for its reception; just as an infectious disease will not attack all persons who are exposed to it, and may not attack some whom it might at a different time and under other circumstances. But when you have a proper soil, it is easily communicated, and it is not at all uncommon to be able to trace the source of the disease to some other person; and generally patients present several points of the disease which have been auto-inoculated.

This is a much more important affection than you would be likely to think. When it breaks out among the children of a public institution, for instance, it is apt to spread like wild-fire, because all are living under the same conditions, and their circumstances are often just those most favorable for its development and extension. It becomes a matter of some consequence, therefore, whenever you are called upon to give your permission for a child to enter such an institution, that you should carefully examine the condition of its head, as well as the rest of the body, or, at least, inquire particularly into the matter from those who have had charge of it. A child suffering from tinea tonsurans, or any other parasitic disease, should never be allowed to enter a public institution until the trouble is completely cured. Such cases do not get well of themselves. It is true that a person in perfect general health, and surrounded by the very best hygienic conditions, might tend eventually to throw off the disease, but even then local measures would be of the highest possible service. In this beautiful model which I now show, you see ringworm upon the scalp and also upon the back of the neck. It is exactly the same disease, but when not situated upon the head it is known as *tinea tricophytina corporis*, or *tinea circinata*.

In the treatment of this affection there is great danger of setting up inflammatory action by means of the agent employed to kill the parasite, unless proper care is taken. Still, it is, of course, essential that something should be used which is destructive of the parasite, or else the disease can never be cured; and the remedies most frequently resorted to for the purpose are some of the forms of sulphur, iodine, and mercury. My own favorite agent is sulphurous acid; though I not infrequently employ corrosive sublimate, in the strength

of five to ten grains to the ounce of water. Among other useful remedies will be found the following:—

Turpeth mineral (yellow sulphuret of mercury), in the strength of from ten to forty grains to the ounce; Costar's paint of iodine and tar; citrine or other mercurial ointments; tincture of iodine; sulphite of soda; and even ink, which has long been known as a domestic remedy for ringworm. Lastly, oleate of mercury and chrysophanic acid must not be forgotten; the former a very cleanly, but not always certain remedy, the latter very certain, but obnoxious, on account of the peculiar purple staining which it gives to the hair.

Medical Societies.

NEW YORK PATHOLOGICAL SOCIETY.

Excision of the Head of the Femur for Intracapsular Fracture.

Dr. Joseph W. Howe presented the head of a femur which he had removed from a patient suffering from ununited fracture of the femur, of long standing. The patient was a woman, sixty-two years of age, who entered Charity Hospital with an intracapsular fracture of the femur, of three months' standing. During the six succeeding months different methods of treatment were pursued, but without benefit. Eventually Dr. Howe proposed to remove the head of the femur. The ordinary operation was performed, and when the joint was opened about one drachm of inspissated pus was found in the articular cavity, mixed with fragments of bone. The neck of the femur was completely absorbed, and the connection between the head and shaft consisted of a narrow band of connective tissue. A sharp spicula of bone was found at the inner side of the end of the shaft, which, in all probability, caused the severe pain complained of during her stay in hospital. The limb was treated by Buck's extension, and after six weeks no pain was felt on motion. A plaster-of-Paris dressing was then applied, and three months after the operation the wound was completely healed, and she was enabled to move about on crutches without suffering pain. The limb, however, was completely useless, from atrophy following the long period of rest. The joint was completely movable. Dr. Howe knew of no cause why ligamentous union should not have occurred after the injury, as she was in good physical condition. He thought it would have been more wise to have performed the operation before the muscles were wasted, from want of exercise. Dr. Howe was not aware of a similar case being on record.

Gunshot Wound of Heart Involving Aorta—Recovery for Fifty-four Days.

A specimen of heart and aorta was sent to the Society by Dr. F. M. Holly, of Greenwich, Ct., which was of more than ordinary interest, from the fact that a pistol bullet penetrated the right ventricle, septum and aorta, without causing death at the time. The patient was a farm hand, who was accidentally shot in the chest by a Smith & Wesson revolver. After the injury, he fell in state of collapse, but shortly revived, complaining only of slight dyspnœa and pain in the side. After a fortnight he was sufficiently well to resume his work, and continued so until August 30th, 1878, fifty-four days from the injury, when he died suddenly, when at work.

Post-mortem Examination.—A small cicatrix was seen near the nipple, and on opening the thorax a similar cicatrix existed in the upper lobe of the left lung. The left pleura was found distended with blood which had escaped through an opening in the pericardium. This opening measured one-fourth of an inch.

Opposite the perforation of the pericardium, and on the anterior surface of the right ventricle, a small aneurismal sac was found ruptured. A probe introduced in the rent passed into the ventricle. On making a section of the heart, the ball was found behind the pillars of the columnæ cornæ.

The course of the ball in the heart was that of a direct line, passing through the right ventricle, upper portion of the septum, and contiguous semilunar surface, aorta, and becoming spent in the left auricle, then dropping into the right ventricle. The recovery can with difficulty be accounted for. It would not be difficult if the heart only were penetrated, but it is otherwise with the aorta. The cause of death eventually was the bursting of an aneurism which formed on the outside of the wall of the right ventricle.

Removal of Epithelioma of Conjunctiva, without Injury to the Sight.

Dr. H. D. Noyes presented a patient from whom he had removed an epithelioma of the cornea, without injury to the sight. The history of the case was as follows: A man, 48 years of age, found, 17 years ago, that a black spot appeared on the white of the left eye. It remained without change for 12 years, but then began to grow. At the time of examination by Dr. Noyes it was of the size and appearance of a blackberry. It bled when handled, and projected over the outer half of the cornea and sclera, but the sclerotic was not involved in the growth. The tumor was removed and the flaps brought together. The literature of the subject indicated that of 35 cases, of the nature of the one presented, removal was performed in nine cases, and return took place in one case in ten years; in another no return after two years; in another no return after eight months; in another no return after two years; in another no return after one year. In one the tumor returned three times, and after removal the third time there was no return for eight years. In another case, after a second removal, no return after six years.

NEW YORK NEUROLOGICAL SOCIETY.

Treatment of Trigeminal Neuralgia.

Dr. E. C. Seguin read a paper on the treatment of trigeminal neuralgia by Duquesnel's aconitia, in doses of from one two-hundredth of a grain to one eighty-fourth of a grain, three times a day. Duquesnel's aconitia seems to be different in its action from the other forms of aconitia, and was made the subject of experimental re-

searches by Gréhaul and Duquesnel, in 1871. Prof. Gubler brought it into notice recently, by an article in the *Gazette Hebdomadaire* of February, 1877.

Ten cases were presented to the New York Therapeutical Society, in which the aconitia was administered. The deductions that were drawn from its use were—

That on an average therapeutical and physiological effects were obtained from one-hundredth of a grain three times a day.

That in six cases of trigeminal neuralgia, one was not benefited.

In that one the neuralgia was notably reflex, from a decayed tooth.

Two epileptiform cases were cured, and three temporarily relieved.

That it should be considered as a powerful agent for relieving and curing trigeminal neuralgia.

Form for administration—

℞. Aconitiæ (Duquesnel's),		gr. .1	
Glycerinæ,		ʒj	
Alcohol.		ʒj	
Aq. menth. pip.,	ad	ʒ ij.	M.

One teaspoonful (one hundred and fortieth of a grain) two or three times a day, on an empty stomach.

Editorial Department.

Periscope.

The Pathology of Progressive Muscular Atrophy.

A writer in the *British Medical Journal* gives a summary of the latest researches on this subject. The researches of Charcot, Joffroy, Hayem, and others have been generally accepted as having established satisfactorily the dependence of progressive muscular atrophy upon degeneration of the nerve cells of the anterior spinal horns, and the protests of Friedreich have been disregarded. But recently Professor Lichtheim, of Jena, has come to the assistance of Friedreich (*Archiv für Psychiatrie*, Band vii, Heft 3) by publishing a case in which the necropsy was made by Professor Cohnheim, and no lesion was found either in the nerves or cord. The muscles presented the usual appearances of the disease. Lichtheim considers the essential diagnostic features of progressive muscular atrophy to be absence of true paralysis, individual atrophy of the muscles (the affection not involving them *en masse*), and absence of the degenerative reaction to the electric current (Entartungs-reaction); and these characteristics are usually admitted. It is therefore at least noteworthy that his case, typical in its clinical phenomena, should be divorced from the accepted anatomical basis; and, without going further, we may say that an observation attested by two such authorities compels us to make some reservation as to the essential and universal pathology of the disease.

Current French literature supplies us with another anomalous case of progressive muscular atrophy which is not typical either in its clinical features or its post-mortem appearances, but is worth placing in juxtaposition to the above. This case is reported by M. Debove (*Le Progrès Médical*, November 9th), and occurred under the care of Professor Germain Sée. It differs from the type in the presence of fever, the temperature ranging from 101.3° Fahr. to 105.4° Fahr.; in the affection involving the muscles *en masse*: in the presence of acute pains in the limbs; and in the loss of electro-contractility in the affected muscles, with integrity of sensation and of the various organic functions. The necropsy showed the nerves and cord absolutely healthy, even on careful microscopical examination. The muscular fibres were very slightly granular; but their striation was very distinct, and they were reduced to a third of their volume as compared with normal fibres in the same situation. The nuclei appeared more numerous, but the author suggests that this may have been due to diminution in size of the parts. All the fibres in a section appeared to have undergone the same degree of atrophy, recalling the appearance of the muscles of subjects wasted from long standing diseases, and contrasting strikingly with the appearances in true progressive muscular atrophy. M. Debove believes that this affection differs from all the forms of muscular atrophy hitherto described, and we may join him in the hope that the publication of his case will provoke the publication of other similar observations which may permit us to decide whether it is really a new pathological entity.

An Instance of Latent Syphilis.

The following striking instance of latent syphilis is given by Mr. S. M. Bradley, in an article in the *British Medical Journal*: I was consulted by Mr. X., in 1877, for what appeared to be scrofulous disease of the left testis and adjoining scrotum. He was a strong, healthy-looking man, with an excellent family history, and he told me at the time that he had never had syphilis, though he confessed to a sore on his penis twenty-one years before, which was followed by two suppurating buboes. I regarded the case as one of strumous disease of the testis, though where he got the struma I could not guess; and, after some palliative treatment, I advised castration. This view of the case was corroborated by Sir James Paget, whom he consulted in the spring of 1878; and I accordingly removed the testis and infiltrated soft parts on his return from London. The case went on perfectly well, but I was not a little surprised to hear from Dr. Ross, at that time Path-

ologist to the Manchester Infirmary, who kindly assisted me at the operation, and examined the testis subsequently, that it was beyond all doubt a case of gummatous infiltration of that organ. On again asking him about the character and after-history of the initial lesion twenty-one years before, Mr. X. now said that he could not be sure there had been no rash—he rather thought there had been, but that he had certainly seen nothing afterward to rouse his suspicions of any lurking mischief. He had been married for fifteen years, and had a large family of perfectly healthy children. He himself attributed the mischief in the testis to a blow he received from one of his children two years before, followed by an attack of orchitis, which, subsiding in a few days, had ever since left the organ enlarged and rather tender. During convalescence from the operation he one day fell down in an epileptic fit, and in the course of the day experienced three other seizures. On regaining consciousness, he told me, his head had felt rather tight and uncomfortable for some time, and on examining the scalp I found three small projections (nodes) over the occiput. He was at once put on large doses of iodide of potassium, with a small quantity of pilula hydrargyri, and since that day has never had a relapse. The nodes became absorbed during the administration of the iodide, and his general health and spirits, which had rather flagged, rallied, until he was quite himself again.

Incontinence of Urine in Children.

At the Harveian Society of London, recently, Dr. Farquharson read a paper on this subject. After some preliminary remarks on the bearings of incontinence of urine on surgery and obstetric medicine, he referred to the subject under three headings. In some cases this affection is found in children of pale, weakly organization, depressed and languid, and feeling keenly their infirmity. Here there is, no doubt, some weakened condition of the sphincter vesicæ, or of the nervous centres in the lumbar cord; and tonic remedies, and more especially small doses of wine, will usually act with excellent effect. Secondly, there were cases of much greater severity, usually dating from soon after birth; and here it is necessary to make a distinction between the enuresis by day and that by night, for the latter is much more difficult of cure than the former, and frequently resists all medical treatment—departing, if it do so at all, spontaneously, about the period of puberty. The remedies which have been generally spoken of as most deserving of confidence are those which act on unstriped muscular tissue, and of these belladonna is the only one which, in the experience of the author, has given good results. It is necessary to give full doses, and two ounces have been administered to a boy of seven before success, and even then only temporary success, was attained. Ergot proved disappointing, and santonin has been entirely without influence under the morbid condition. Class three includes those cases which may support the belief that incontinence of urine is truly a neurosis; for here we find this symptom coinciding with, and even alternating with, other nervine lesions. Thus, on two occasions it was observed concurrently with eczema, and once a very long-standing case was attacked with chorea, during the continuance of which perfect control over the bladder was regained. Nervine tonics are of little use here; but the careful use of galvanism seems specially indicated, as well as blistering over the fifth lumbar vertebra, where modern experiment has shown the motor centre to be situated. The recently proposed plan of excluding meat from the dietary was not found to be of much service, no special acidity of urine being ever observed to require the counteracting agency of purely non-nitrogenous food.

Langenbeck's Operation for Cleft Palate.

At a late society meeting in London, Dr. Geo. Buchanan showed a girl upon whom he had operated for cleft of the hard and soft palate. The cleft began in the middle line of the uvula and extended to the margin of the hard palate, where it went from it on the left of the middle line, and terminated at the second left incisor tooth. This was a very unusual peculiarity. The vomer was completely attached to the crest of the palate, and bounded the right side of the cleft. The operation began by the sawing of the edges of the cleft; then an incision was made along the line of the gum on each side, and the tissues of the palate were raised from the bone; after which the tendon of the tensor palati on each side was divided as it curved round the hamular process. Dr. Buchanan said he preferred this to the operation of Fergusson, who divided the levator palati muscle with a curved knife; and he said the effect of the division of the tendon of the tensor was as marked as that of tenotomy for talipes. This done, the edges came together easily and perfect union resulted, except at the very end of the cleft in front, where a minute hole was left. This he proposed to close, along with a badly united hare-lip which had been operated on in childhood. The result of the operation so far was remarkably good; the palate was quite flat, and the pronunciation of all the letters of the alphabet, even of the sibilants, was nearly perfect. Dr. Buchanan said that, in similar cases, he had seen formation of bone occur in the transplanted palate, and he had no doubt that it would do so here also.

Reviews and Book Notices.

BOOK NOTICES.

Naval Hygiene. Human Health and the Means of Preventing Disease. With Illustrative Incidents, principally derived from Naval Experience. By Joseph Wilson, M.D., Medical Director, U. S. Navy. Second Edition, with Colored Illustrations. Philadelphia, Lindsay & Blakiston. 8vo, cloth. pp. 274. Price $3.00.

The author introduces and considers his subject in connection with a slight vein of narrative of his earlier naval experience in the Gulf and South Atlantic Seas. He begins with the date

of his first reporting for sea service, apropos of which the outfit of a naval officer is discussed. From this we naturally glide into a sanitary examination of the ship, receiving the crew, etc. As the voyage begins, sea sickness, home sickness, clothing, food, meals and drinks, come up for consideration, one after another. Later there are the zoology and botany of the tropical countries we are supposed to visit, and fifty pages are given to these, followed by the subjects of liberty on shore, ventilation, quarantine, a battle, epidemics and endemics, prison discipline, etc. Thus, in an easy and agreeable manner, the reader learns a great deal which, if he is a naval officer, will be very much to his purpose, and if he is not, will still be instructive and useful. The book has several very handsome chromo-lithographs of tropical plants.

Diphtheria, its Nature and Treatment, Varieties and Local Expressions. By Morell Mackenzie, M.D., London, etc. Philadelphia, Lindsay & Blakiston, 1879. 1 vol., cloth. 8vo, pp. 104. Price 75 cents.

Diphtheria, its Nature, Causes, Prevention and Treatment. By J. H. Kellogg, M.D. Published by the Good Health Publishing Co., Battle Creek, Michigan. 1 vol., cloth. pp. 64. Price 50 cents.

The small book by Dr. Kellogg is of a semi-popular character. It is chiefly drawn from the article in Ziemssen's *Cyclopedia*, and to that extent contains good stuff. The plan of treatment recommended is not novel; and that it was "uniformly successful" in more than three hundred cases, as the author says on page 43, is a statement so wholly different from general experience, that we must accept it as advanced in a Pickwickian sense, for the benefit of lay readers.

Dr. Mackenzie's monograph is of a very different stamp. It is a learned, brief, and well studied essay. The history of the disease is traced from the time of Pythagoras. The etiology he considers obscure, but inclines to the theory of contagion from a virus so subtle and potent that it may remain dormant outside the body for three years or more, and then give rise to a malignant epidemic. The symptoms, pathology, and prognosis are defined. Various plans of treatment are discussed. In diagnosis, Dr. Mackenzie believes in the identity of membranous croup and diphtheria. The alleged differences between them he undertakes to explain away, not very successfully, as it appears to us. He calls croup "laryngo-tracheal diphtheria," and thinks that the locality of the exudation lends it most of its peculiarities. In this we believe the opinions of most American physicians need reconstruction, if Dr. Mackenzie is right.

New and Original Theories of the Great Physical Forces. By Henry Raymond Rogers, M.D. Cloth, 8vo, pp. 107. For sale by C. K. Abel & Son, Dunkirk, N. Y. Price $1.75.

Whenever, in turning to a new explanation of the manifestations of force, we encounter a free use of such phrases as "mysterious nitro-magnetic fluid," "subtle electrical action," and the like, we fall at once a prey to the suspicion that the author knows little of the science which he patronizes, and is one of those who darkens knowledge with words. In this category we must place the present author. His notions are in violent contradiction to simple facts, and yet are expressed with the most positive conviction. It does not trouble him, for example, in the least, to identify gravity with magnetic attraction, and he does not make the slightest effort to explain why the laws of these forces are so wholly incommensurate if their essential impulse is the same. So it goes all through the book. There is an utter absence of any attempt to reconcile these "new original" themes with positive science. As a joke or a dream the book might pass, but if it is meant in seriousness, we fear the author will have reason to complain of his generation.

Index to Original Communications in the Medical Journals of the United States and Canada, for 1877. Classified by Subjects and Authors. Compiled by Wm. D. Chapin, New York. 1 vol., 8vo, cloth. pp. 48. Price $1.00.

It is highly gratifying to see the attention which is given by several different parties to cataloguing and indexing the current medical literature of this and other nations. In the large number and rapid succession of medical journals, it is next to impossible to find the articles on any one subject; it requires days of search. But in an annual index of this kind the facility of turning to the subject or the author renders the search easy.

We would suggest to the compiler that he adds, in future, to his labors, references to the articles published in the *Transactions* of the state, county, and specialist's societies, when these are printed; and that more frequent cross references be given.

As it is, the book is well worth the price asked, to every investigator.

THE

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A WEEKLY JOURNAL,

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THE SOURCE OF THE DIPHTHERITIC POISON.

The wide-spread prevalence of a malignant form of diphtheria in many localities this winter has led to renewed studies of the probable nature and exciting causes of this much dreaded disease. Although the contributions to these points have been so numerous that the bibliography of the works and articles on diphtheria printed within the last twenty years would of itself make a respectable volume, it is not too much to say that the opinions of medical men are yet very divergent on almost every subject connected with the malady.

In the first place, the diagnosis of the disease often presents insuperable obstacles. This is partly owing to disagreements in the leading text books as to what constitutes diphtheria. It is generally, though by no means universally, admitted that it is a distinct disease from membranous sore throat, or membranous croup.

Sir John Rose Cormack suggests a very small blister on the arm or elsewhere, as a sure test for distinguishing diphtheria from what he calls "simple membranous sore throat." If the case be diphtheria, the blistered surface will become covered with a diphtheritic pellicle; if it be not diphtheria, no false membrane will appear. The public are too prone to speak of every throat affection by the name of diphtheria; and many practitioners have a habit of falling in with this popular diagnosis, or even of setting the example for it.

As to the nature of the contagion which excites the disease, the sewage or animal ferment theory seems in the ascendant at present. Yet it is true that diphtheria has been prevalent and fatal in the notably healthy and well drained mountain slopes of East Tennessee, miles from any town; it has attacked boarding schools under the constant supervision of intelligent medical attendants; it has destroyed the children of families who prided themselves on the knowledge and observance of sanitary rules.

It has been suggested, and the idea seems to us an important one, that the probable origin of this disease is a primary one, of different form in the lower animals, which, being transmitted to man, takes on the form of diphtheritic exudation. The vehicle of contagion may be milk; and in one outbreak recently studied by the English Health Officers, there can be no doubt but that such was the source of the epidemic.

No suggestion has been made as to what the primary disease may be. What is known as the "foot and mouth disease" of cows is undoubtedly easily transmissible to the human subject; but its symptoms are well known. We would suggest that in local outbreaks of diphtheria, especially in country districts, where the epidemic is better defined, physicians should inquire carefully, not only into the milk supply, the source of the water used, and the drainage, but also into the health of the various domestic animals which are kept by the families whose members are attacked.

Another view is one not long since quoted in this journal, which attributes the disease to the consumption of starchy food, in the form of the common white potato.

We believe we are correct in saying that diph-

theria has been known to occur as an epidemic in that class of the population of the Gulf States who hardly know what a white potato is, and whose diet is almost exclusively corn, bacon, and sweet potatoes. On this point, if we are in error, there are many readers who can readily correct us.

The efforts to isolate the contagium vivum of diphtheria have not been attended with success. Experiments to propagate it have, so far as we have noted the reports of investigators, proved futile.

It is a disease only moderately contagious under ordinary circumstances; and the curious spectacle which it occasionally presents, of springing up suddenly in a locality, becoming epidemic, and raging for a time with the utmost virulence; and at another time of clinging with tenacity to a particular house or limited district, even to a particular room, attacking every person who inhabits it, and never spreading beyond, are strange and yet well authenticated examples of the unusual nature of the poison we have to deal with.

Notes and Comments.

"Grub in the Head."

Farmers think this is a common disease among sheep. But one of the few cases we remember to have seen recorded in the human subject is reported by Dr. Landon, in the Berlin *Klin. Wochenschrift*, No. 49. A workman, 42 years old, soon after the Franco-German campaign of 1870, was laid up with pain in the hepatic region, jaundice, and gastric disturbance, which symptoms persisted more or less until 1874, when he came under Dr. Landon's care with an attack, apparently, of perihepatitis. It then appeared that since 1871 he had suffered from severe attacks of epistaxis, which occurred often twice in the same day. The patient complained of a feeling of painful pressure in the left nasal cavity, but with the speculum nothing but a moderate degree of inflammatory swelling could be detected. Suddenly, at Easter, 1878, a parasite was dislodged from the left side of the nose by a violent sneeze, and from that moment the epistaxis ceased. Its cause proved to be the *Pentastoma tænioides*, a fluke which in the perfect state inhabits the frontal sinuses and nasal cavity of dogs and other carnivora, and occasionally of horses and goats. The embryos live encapsuled in the pleural and peritoneal cavity of some herbivorous animals, and invade the liver. After a time they pierce the capsule, and wander in the body of their host, finally, unless he dies meanwhile, again becoming encapsuled. If the flesh of the host is eaten uncooked, the flukes find their way, in the second host, to his nasal and frontal sinuses, where they remain. It is not known how they enter man, but they are sometimes found in the liver.

Amblyopia from the Use of Tobacco.

In a late article on this subject M. Guéniot states, as the result of his observations—

1. That the amaurosis of nicotin begins always in one eye, and never affects both eyes equally from the beginning. The patient sometimes sees objects yellow.

2. From the beginning the patient sees as in a mist, which gradually becomes more obscure. Along with this mist there exists a central scotoma.

3. There is at first a weakness in the central power of vision, while the peripheral perceptions remain normal.

4. Guéniot had never observed any especial pain or headache. The patients do not see so well toward the evening.

5. The pupils are almost always contracted and immovable.

Guéniot gives the following as the distinctive diagnosis between the amaurosis of nicotin and of alcohol. The amaurosis following the abuse of alcohol begins in both eyes at once, while that of nicotin is at first always unilateral. In both diseases there is central scotoma, but in the intoxication of nicotin alone are there muscæ volitantes. There is pain with the alcohol amaurosis, and the patient sees better toward the evening. The reverse is the case after amaurosis following the use of tobacco. Both diseases may end with atrophy of the papilla, but the amaurosis of nicotin progresses most quickly.

Of the Nature of Mumps.

M. Fehr, in an article in *Von Langenbeck's Archiv.*, decides that it is right to consider this disease as infectious, and that, as was already noticed by previous observers, it stands in a definite relation to acute exanthema, particularly to scarlet fever. The occasional swelling occurs in the neighborhood of the glands themselves, while the surrounding tissues only become infil-

trated at a later period. It is, to say the least of it, inaccurate to describe the disease as periparotitis, as is usually done; that it is not parotitis is shown by the fact that in very many cases of mumps it is the sub-maxillary which is either affected alone, or is swollen at first. The infection is not due to the propagation of inflammation of the mouth, caused by secretions from the glands. The observation that in most epidemics of mumps there is a period of incubation lasting several days, with the well known febrile symptoms before the appearance of the local symptoms, as well as the spread of disease, not only to surrounding persons, but also to the fœtus, argue for a specific alteration in the blood. The swelling of the mumps is not a catarrhal inflammation, but a morbid swelling of the glands depending upon varying hyperæmia, which only occasions collateral hyperæmia and infiltration of the neighboring tissues, when there happens to be a stoppage of blood in the glands.

Alcohol and Phthisis.

In some "stray remarks," Professor Cleland publishes, in the Glasgow *Medical Journal*, opinions and speculations formed after a number of years of hospital work. Dr. Cleland has "been in the habit, for a number of years, of relying on alcohol in pnuemonia, both croupous and catarrhal, as the most important of all remedies;" and was led to the use of this remedy by the "known effect of alcoholic drinks in diminishing the carbonic acid excreted," and therefore in giving rest to the inflamed lung. In the treatment of phthisis, however, Dr. Cleland has found alcohol, in moderate doses of about four ounces a day, attended with bad results, the patients going from bad to worse the more rapidly the more alcohol they took. On omitting alcohol altogether from the treatment, however, the cases became more manageable.

Minimizing the Dangers of Anæsthetics.

In a late address, Dr. C. M. Tidy recommends the following precautions: (1) Choose in every case the safest anæsthetic, and first in our list stands nitrous oxide, then ether, and lastly, chloroform. We should not be justified in saying that the latter should never be used in dental operations, any more than we could say it is never to be used in any other operation, but its use should be confined to exceptional cases. (2) The anæsthetic should be administered at the patient's house. This applies more especially to ether and chloroform. (3) No anæsthetic should be administered except by a qualified medical man, and, if possible, by an expert. (4) The operator should have nothing to do with the administration of the anæsthetic, and the administrator of the anæsthetic should have nothing to do with the operation. (5) If possible, a third qualified medical practitioner should be present, in the event of something going wrong. (6) Everything that could possibly be required in the event of an accident should be in readiness. There can be but little doubt that of all means artificial respiration, and preferably by Silvester's process, succeeds best in restoring a patient; and also galvanism, which has been somewhat poohpoohed, has undoubtedly done good in such cases, and should never be left untried. But artificial respiration must never be abandoned during the time that galvanism is being tried.

The Significance of Forms of the Head.

Dr. Conolly, the late distinguished chemist, wrote:—"As regards the prognosis in cases of insanity, I think I can point out certain heads which never get well—a low and narrow forehead being combined with a high vertex inclining backward, and a large occiput. The *approaches* to these heads are all bad; often seen in troublesome young people, and *mauvais sujets*. In such cases I find there is frequently a hereditary taint, and that there has been a wayward childhood, some irregular display of talent, ambition greater than ability, and self-esteem enormous.

Ephemeral Paralysis of Babies.

M. Jules Simon, at his clinique at the Hôpital des Enfants Malades, lately drew attention to an affection to which he gives the above name, pointing out that it is not to be confounded with infantile paralysis. It always has one of two causes: first, a powerful constriction, as in one case it was caused by a nurse seizing the child roughly by the arm; second, cold, as in one case in which it was caused by sitting on a wet lawn. It is accompanied by pains and hyperæsthesia. The prognosis is very good, recovery being both complete and rapid.

Discouraging Science.

The English are in a fair way to prevent effectually the study of science in their island. A year or two ago an act was passed forbidding vivisection in the study of physiology, except under onerous and narrow restrictions. Now the authorities, according to the last number of

the *Journal of Mental Science*, have given orders that casts shall not be taken of the heads of criminals! The poor fellows (robbers and murderers) are not to have their finer feelings outraged in this way, for the benefit of their fellow men. Truly, such sickly sentimentality is getting to be contemptible.

Relief of Pain from the Application of Sulphate of Copper.

Dr. Pick, of Vienna, observes that it was by mere accident that he discovered the means of relieving the intense and enduring pain caused by the application of sulphate of copper in diseases of the conjunctiva. As in purulent ophthalmia these applications have sometimes to be made daily, for months, the relief of such suffering is of great importance. The plan consists in sprinkling calomel over the parts to which the sulphate has been applied, four or five minutes after they have been touched. The pain immediately diminishes; and after from three to six days of this procedure, the calomel may be applied immediately after the touching with the caustic, and then the pain instantly disappears.

Removal of Foreign Bodies from the Ear.

Dr. J. Marion Sims has an article on this subject in the *British Medical Journal*. He observes that the first article he ever wrote for a medical journal, in 1845, was on the same topic. He states that the easy removal of foreign bodies from the ear depends upon two things that are indispensable.

1. A light syringe, with a small nozzle, throwing a jet of water suddenly and forcibly, must be used.

2. The auditory canal must be made straight, by traction outward of the lower lobe of the ear, at the moment of injecting water into it.

With these simple directions failure is impossible.

Cause of Death in Hanging.

From some experiments of Dr. Hoffmann, given in the *Journal de Médecine*, it appears that death occasioned by hanging cannot be explained simply by obstruction of the respiratory tracts, but that, on the contrary, the compression of the nerves and vessels of the neck is the principal agent. This applies not only to hanging, but to all methods of strangulation. It has also been proved that it is possible to commit suicide by pressing with both hands on the sides of the neck for a sufficiently long time, and it is well known that in this way the pulsations of the heart have been stopped and consciousness lost.

The Secret of "Metallo-Therapy."

As Professor Hammond very amply demonstrated in this journal (See Reporter, vol. xxxix p. 539) the whole of Charcot's teachings about metallo-therapy is but a resuscitation of an old delusion. Dr. Carpenter, the physiologist, has recently shown, from another point of view, that it is an effect of attention and expectancy in nervous and hysterical subjects. It is marvelous how eminent and shrewd observers have been fooled anew by these long familiar phenomena. It is but a rehabilitation of Mesmer's doctrine of the magnetic fluid.

Correspondence.

An Interesting Case in Ophthalmic Diagnosis.

Ed. Med. and Surg. Reporter:—

A very curious case was brought to light in the Jefferson Circuit Court of Kentucky, in this city, last week, in the trial of the case of Patrick McKenzie *vs.* L. H. Ferrell, for $10,000, alleged damages.

The plaintiff was a laborer in the employ of defendant, who is a contractor, and was engaged in constructing a way for the water-pipe mains from the water works to the new Crescent Hill Reservoir. McKenzie, in attempting to drill out an old blast, ignited the powder by driving his drill into it, and created an explosion, which not only rended the great stone into atoms, but filled McKenzie's eyes, face and forehead with minute fragments of broken stone and grains of powder. The man was brought immediately to my office, at 10.35 a.m., on Saturday, April 27, 1878. The particles were all carefully removed from the corneæ, and a four-grain solution of atropia instilled, to relieve pain, and then every particle removed from the face and eyelids. The patient was sent from the office to St. Joseph's Infirmary, where I visited him a few hours later, and prescribed for the relief of the slight pain he then had. Sunday I saw him twice, as I had other business at the institution. Monday, April 29th, I saw him in the afternoon, and finding the swelling that had existed in the lids the day before greatly abated, the patient being entirely comfortable, the morbid sensibility to light being controlled by smoked glasses, I discharged him from the Infirmary and ordered him to report at my office the next morning.

Tuesday, April 30th, 10.20 a.m. Patrick McKenzie came in, and on close examination I found that all the small wounds that had existed in the corneal surface were entirely healed, the normal transparency being fully restored. Careful examination revealed a small blood clot attached to a vertical rent in the retina of the left eye, near its periphery, on the temporal side, vision, at that time, in this eye, being $\frac{20}{xx}$. The

case was now turned over to my accomplished assistant, Dr. William Meany.

About the 1st of June Patrick announced to Dr. Meany that he was totally blind in the left eye, and that he would expect the Doctor and myself both to testify in a suit he had just brought. On testing his sight, by closing the right eye, and rotating the fist before the left, no motion at first occurred in the direction of the optical axis. After a few seconds of resistance, presently the eye would begin to follow the direction of the fist, as it was carried rapidly in a wide circle before him. This proved he at least had some vision, though Patrick maintained that he could not, with this eye, tell a man from a house, that he could barely perceive light, and could not even tell the sunlight from the ordinary diffuse light of day in cloudy weather. My interest in the case induced me to make careful ophthalmoscopic examination. The papilla was, to all appearance, normal; the retinal vessels appeared perfectly so, and the fovea centralis presented a beautiful brownish-yellow tint. The old clot had evidently disappeared by absorption, leaving a hair-line cicatrix to mark the retinal injury. I made an engagement for a subsequent attempt at determining the actual state of vision, as far as possible, but Patrick did not call again.

In October last I was summoned as a witness in court. I did not attend; Dr. Meany went, and testified to all the main facts above stated; the jury failed to agree, and were discharged. I heard that two jurors favored giving one cent to plaintiff, and ten were for defendant. The case was again set for January 23d, 1879. Having been previously summoned, I appeared on that day, and testified as above, when, on hearing that McKenzie had declined to allow me the chance of trying to ascertain the exact amount of vision in his left eye, Judge Jackson at once adjourned the trial, to allow time for the examination, and ordered the plaintiff to appear at my office and submit to such tests as I might choose to apply. The matter was arranged for half past nine next morning, and it was expressly agreed by the attorneys on both sides that the result of my investigations should be stated in a sealed letter, by me, to the court, and accepted as evidence, without my having to appear again in person. McKenzie called at the appointed time. Having some doubts about the cause of the persistent dilatation of the pupil of the left eye, I at once instilled a two-grain solution of eserin, which in half an hour reduced the size of the pupil more than one half, thus tending strongly to confirm the suspicion of atropia mydriasis. Professor Snellen's collection of alternate slips of red and green glass on a white background was arranged in a frame in the window, each piece of glass having Snellen's test letters pasted on it, and the patient, placed at a definite distance, was requested to look through two colored disks and state what he saw. The green glass being placed before the right eye, the red before the left, he saw the letters on both the red and green background. Reversing the position of the red and green disks made no difference whatever. Now, if Patrick McKenzie had been only partially blind in the left eye he could not have seen and recognized the letters as he did; because, with the green disk before the right eye, the left one being even partially blind, he could not possibly have seen the letters on the red background, and with the red disk interposed he could not have seen those on the green. He was then placed in another position, and requested to read the test letters on a large card; as soon as he turned to look, a frame was interposed containing a disk of frosted glass in the right side, and a lens $-\frac{1}{72}$ in the left. His vision was noted from his statement, and then the concave lens was neutralized by a convex glass of equal refraction; he immediately proclaimed an improved state of vision exactly commensurate with the changed state of refraction. Of course, in neutralizing the concave lens before the left eye, a similar lens was held before the opaque disk that screened the right, to avoid attracting his attention. Being closely watched, to prevent his closing the right eye, he would frequently announce what he saw, and say, "I see it illigant wid me roight, but sorry stem wid me lift oye." I have been informed by persons who were present at the reading of my statement that it created quite a sensation in court. The jury found for the defendant. The tests were infallible, and the verdict could not have been otherwise in the light of the facts. DUDLEY S. REYNOLDS, M.D.

Louisville, Ky.

Diphtheria, Alcohol, and Chlorine Water.

ED. MED. AND SURG. REPORTER:—

In the REPORTER for February 8th, Dr. J. H. Nowlin, of Rome, Georgia, claims that he discovered the antagonism of alcohol to the poison of diphtheria, in 1860. If he did not first discover it, he did first publish it, in 1875. If he will examine Ziemssen's *Cyclopedia*, vol. 1, page 681, published by Wm. Wood & Co., 1874, he will see that Œrtel says, "The most suitable remedies to meet the indications of opposing septic infection and general poisoning of the system successfully, are, on the basis of experimental investigation, alcohol, freshly prepared and properly diluted chlorine water, solutions of permanganate of potash, and carbolic acid, etc." Œrtel, of course, knew its use prior to that. My experience is that chlorine water is the best antiseptic for the poison of diphtheria, and surpasses alcohol.

I have used chlorine water since the summer of 1872, and would not exchange it for any other single remedy that I have ever used or seen used. I cannot claim that it will cure every case, and yet I might, were I to make my diagnosis in accordance with my success, as some do. In that case I would call all fatal cases membranous croup, croup and diphtheria, or malignant tonsillitis.

I am certain that I do not know any remedy that will cure every case of diphtheria. The following is the formula I use in the preparation of chlorine water:—

℞.	Chlorate of potassium,	gr. xx	
	Hydrochloric acid,	♏xx	
	Water,	℥iv.	M.

Prepared as follows: pulverize the potash and put in a dry vial, then add the acid, corking the vial, to retain the chlorine set free by the reac-

tion. After that has ceased, add an ounce or two of the water, agitate until all of the chlorine is suspended in the water, then add water to make it the desired strength. Dose, teaspoonful every two or three hours, as required.

It ought to be of a green color, and it will lose that if not kept in a dark-colored bottle, wrapped in colored paper, or kept in a dark place. The medicine ought to be freshly prepared every second or third day.

With that I use nourishing diet, stimulants, and tonics, as indicated in each case, avoiding cathartics entirely, if possible, using injections of warm water to open the bowels when necessary. I. B. WASHBURN, M.D.

Rensselaer, Indiana, Feb. 13th, 1879.

NEWS AND MISCELLANY.

Convention of Medical Colleges.

In compliance with the action taken at Buffalo last spring, by the American Medical College Association, its Acting President, Prof. N. S. Davis, of Chicago, has designated Atlanta, Ga., as the place of the proposed convention, and the time at 10 A.M. Friday, May 2d, 1879. It is earnestly hoped that delegates from all "regularly organized and accredited medical schools" in the United States will promptly meet at the above designated time and place. That the action of the convention may be definite, it is desired that each college send two delegates, with full power to act for their respective institutions—one of these delegates to be selected from the Board of Trustees and one from the Faculty.

In general terms, the object of the convention is to adopt some "uniform system of instruction more in harmony with the requirements of the age." Among the questions appropriate for discussion and decision may be mentioned, "Shall all the colleges require attendance upon three regular courses of lectures during three separate years, ere admitting students to become candidates for the degree of M.D.?"

Is any uniform system possible in this or other things? If so, to what extent is it possible or even desirable at the present time? Each doctor in the land doubtless has in his mind an ideal medical college system. But this convention cannot act upon idealities; it can only act upon that which is practicable to all honest, efficient medical schools.

To avoid misconception, let it be distinctly noticed that, although this convention is called by the "American Medical College Association," it is entirely distinct from that body. When assembled, the convention will elect its own officers and adopt its own methods for transacting its business in pursuance with the object of the call.

Sufferings in Brazil.

The Surgeon General, Marine Hospital Service, says, in his last report: The U. S. Consul at Pernambuco reports that in the interior of the province of Ceará a severe drought has prevailed for two years and a half, no rain having fallen during that time; the excessive dryness caused the disappearance of the innumerable small streams which furnished the whole water supply of the country, the consequent death of nearly all the cattle and sheep, and the complete destruction of the usual means of subsistence of the population, which is wholly an agricultural one. The people have been reduced to subsistence on roots, cotton pods, reptiles, and any living or dead thing that would sustain life, some resorting even to cannibalism. In the winter of 1878 smallpox appeared in epidemic form, and caused a frightful mortality among the starving people. A general flight of the people from the interior to the coast cities occurred. The normal population of 25,000 in Fortaleza, the capital, was quickly raised to 100,000, the squares of the city being filled with thousands of unsheltered people, dying of disease and starvation. One-half of the original population of the city have died of smallpox. In the new cemetery of Lagoa Funda, opened in the middle of last year, there were 60,000 interments up to January 1st. The number of burials from smallpox alone, between November 1st and January 1st, in this cemetery, were 24,470; the total interments in the city for the two months being 31,571. At Parahyba, 12,000 refugees out of 15,000 who had fled to the port, died, and similar distressing accounts are given of the other coast cities. The Consul estimates the usual population at 900,000 of whom 500,000 have died of disease and starvation. The Brazilian Government have expended $10,000,000 for the relief of the sufferers. At last advices slight rains had fallen in the interior, and it is believed that the worst period of the scourge has been passed.

Suits for Malpractice.

Indiana bears the bell, at present, for malpractice suits. The case of Elizabeth Huntzinger *vs.* Doctor F. F. S. C. Grayston, of Huntington, for malpractice, in alleged salivation, fourteen years ago, claiming $15,000 damages, was decided in the United States Court, last week, in favor of the plaintiff, giving her judgment for the sum of *one cent*. The doctor is one of the most prominent physicians in the northern part of the State, a professor in the Fort Wayne Medical College. The plaintiff pays the cost in the suit.

In the town of B., same State, a reputable physician, Dr. G., has been sued by a woman, who, in consequence of a severe injury, dislocated her ankle, and broke both bones of the leg, with a severe injury to the knee, and was disgusted that the functions were not perfectly restored. Her damage was modestly laid at $3000.

The Foundlings' Turntable.

Some time ago the authorities of Paris, in a temporary attack of "reform," abolished the *tour* or turntable on which infants were deposited at the doors of the foundling hospital, and thus placed in shelter without the mother discovering herself. But infanticide has so largely increased since this was abolished, that not only has the original one been restored, but, instead of one

general tour for the reception of abandoned infants, there is one for each arrondissement or district. The buildings are situated in the most conspicuous places in the public streets, the offices are kept open day and night, and the employés are sworn to the utmost secrecy, any disclosure being met by a most sévere penalty. Every facility will be afforded to mothers and others for depositing infants at these establishments, which will be provided with a staff of medical men, nurses, inspectors, etc., who will be under the immediate control of the Minister of the Interior.

The Filthy Condition of New Orleans.

The inhabitants of New Orleans are again bidding high for an epidemic; their invitation to yellow fever is pressing and urgent. A correspondent of the daily *Times* of this city writes, Feb 13th—

"The sanitary condition of this city, however, is exceedingly bad, and not calculated to impress visitors very favorably toward us. In all my experience here, of nearly a quarter of a century, the streets, gutters, and general drainage of the place has never been in such a bad and disgustingly filthy condition. Everything that is calculated to cause miasmatic vapors, poisonous exhalations from cesspools, garbage, decaying matters, and nastiness of the most dangerous character, is lying around loose in every quarter of the city. The streets are more disgustingly filthy, pestiferous, malarial and poisonous than at any time in my recollection. As the Board of Health is comparatively powerless and thoroughly incompetent to the task of taking care of the public health, we need not expect anything will be done to prevent the recurrence of the terrible experience of last year."

If this is so, the natives of that city will deserve neither pity nor aid if they are again decimated by the pest.

The Climate of Italy.

A recent observer who has been studying the meteorology of Italy, states that the places which are nearer the Mediterranean have a much higher temperature during the winter than those which are situated toward the centre of the peninsula. The borders of the Adriatic are much colder than those of the Mediterranean. Thus, at Venice, the mean temperature during winter is only 39.27° Fahr. During the summer the same places we have quoted before as being coldest in winter are the most exposed to heat. The mean summer temperature is much higher in Turin, Alexandria, Pavia, and Guastalla, than in the seaside towns of Naples and Leghorn. The heat during the months of July and August is by no means greater at Rome and Florence than at Turin, Aosta, Moneléiré, and Milan. In the northern provinces, the mean temperature of the month of April is a little higher than that of the whole year, while the mean temperature of October is a trifle lower. In the central and southern provinces the reverse takes place, October being much hotter than April.

OBITUARY NOTICE.

Dr. W. M. Fitch

Died in Charleston, South Carolina, February 4th, 1879, in the 56th year of his age. He was born in Columbia, S. C., September 8th, 1823, and was the eldest son of the late Dr. A. Fitch, of that city. He came to Charleston in 1846, and commenced the practice of medicine with Dr. J. W. Smidt, and at the time of his death had the largest practice in the city. He died beloved and lamented by all who came in contact with him.

Items.

—A. D. Langstaff, President of the Howard Association, tells the Louisville *Courier-Journal* correspondent that, as far as he can learn, every vestige of the yellow fever disappeared from Memphis, Holly Springs, Grenada, and all of the towns afflicted during the summer, as early as December. He has gone over the ground and made careful inquiries.

—A curious instance of popular superstition was lately brought to the notice of a physician in this city. He received an application from a neighboring State, from a man whose wife had left him, for some medical means to charm her back, the writer adding, "I have heard that you can cause any one to come to their home if they run away from it, and there is any one there that loves them."

Personal.

—Dr. W. S. Neely, of Whiteville, Tenn., was fatally shot, in a personal encounter, Dec. 19th.

QUERIES AND REPLIES.

Dr. C. H. M., of Ohio.—Analyses of nearly all the quack medicines extant have appeared in the *Chemist and Druggist* and other trade journals. We do not remember the one to which you refer. Send us an advertisement of it, and we will look it up.

Ager.—The camp or jail fever described by the Revolutionary surgeons in 1776-7 could hardly have been typhus, as it was marked by colliquative diarrhœa from the outset; more probably it was malignant typhoid, or typhoid dysentery.

Dr. H. K., of La.—Purpura hemorrhagica in the horse is not purpura at all, but a form of typhus. It is a case of misnomer.

Aspirant.—We know of no European University which confers regular degrees (*i. e.*, other than honorary ones) *in absentia.*

MARRIAGES.

BROWN—SHANK.—In Hagerstown, January 22d, by Elder Edward S. Miller, William B. Brown, M.D., and Mrs. Susan Shank, both of Greencastle, Franklin county, Pa.

KIRKPATRICK—HOLT.—At Davidson College, December 26th 1878, by Rev. A. W. Miller, D.D., Rev. M. R. Kirkpatrick and Laura E., daughter of Dr. W. Holt.

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Communications.

OBSERVATIONS IN RELATION TO SOME FORMS OF AFFECTIONS OF THE EYE RESULTING FROM REFLEX IRRITATION.

BY P. D. KEYSER, M.D.,

Of Philadelphia.

An address read, by invitation, before the Oxford Medical Society, at Oxford, Chester county, Pennsylvania, November 20th, 1878.

I feel and appreciate the honor of the invitation you have extended to me to address you at this meeting. I regret much that I have not the power of attracting and riveting your attention in an elegantly arranged discourse. I claim neither fine diction nor oratorical powers; being but a plain, practical worker in the glorious field of science which seeks to relieve the sufferings of humanity, I purpose calling your attention to a few observations in relation to some forms of affections of the eye resulting from reflex irritation. Quoting from one of my reviews in the Philadelphia *Medical Times*, "The science of medicine is one of real, practical truths; therefore its progress, to be near the truth, must be kept far removed from all speculation which is not well supported by immediate observation and experience.

"It has not been very long since medical science passed through the dangerous crisis in which a vague and fantastic speculation threatened to carry all before it. The general necessity of placing upon a firm basis the educational standard of a proper scientific method of obtaining knowledge, only by close and careful observation and study, has driven away empiricism. This has become evident in the several branches of the animal functions and economy, by the new ideas already opened, and the lucidity given to many intricate points hitherto considered obscure.

"Until within a short time, the attention of students has been drawn (in relation to medicine and surgery) to general matters only, while the special parts have been neglected. But, thanks to a divine order, the development has been so great, that the different parts and organs of the human body have undergone especial observation, with the result of calling attention to the necessity of their separation into different branches for particular study; thus giving rise to specialties in the practice of our profession. In none of these branches has there been more activity in the development of really scientific and practical results than in that of ophthalmology."

I must here remark that some, not many, of the older and prominent members of the profession are not willing to accord any superiority to specialism. One of these, a well known writer and teacher of surgery, once remarked that "it required no brains to be a specialist; and that he taught all there was in ophthalmology in two lectures."

But with it all, through what has been the great progress in medicine and surgery for the past hundred, nay, I will say only fifty years? Has it not been by placing the attention and study on one particular part, and by careful examination of this one part anatomically and physiologically, in preference to all others; observing the different forms of disease, with their symptoms, which affect this, and the actions of the different remedial agents thereon?

In other words, has there not been a regular division of the science into branches, for observation and study; thus creating specialism and specialists?

Look where we will, then, we find that the development of our beautiful and philanthropic branch of science, as well as all other branches of scientific pursuits, has been through the agency of specialism.

What would we have done without anatomists, physiologists, therapeutists, surgeons, ophthalmologists, otologists, gynecologists, dermatologists, etc.?

Where would we have been without Vesalius, Hyrtl, Henle, Bischoff, Gray, Leidy, and other well known anatomists; without Müller, Helmholtz, Voigt, Vallentine, Shiff, Carpenter, and other physiologists; without Hiester, Velpeau, Leary, Nélaton, Dieffenbach, Langenbeck, Schuh, Nussbaum, Fergusson, Erichsen, Thompson, Mott, Gross, and other renowned surgeons; without Hufeland, Buhl, Frerichs, Niemeyer v. Pfeufer, Bennett, Wood, Flint, Stillé, DaCosta, and other well known diagnosticians and therapeutists; without v. Graefe, Arlt, Donders, Leber, Bowman, Critchett, Desmarres (Sr.), Sichel, Wecker, and other ophthalmologists; without Stricker, Schwalbe, Köllicker, Beale, Virchow, v. Recklinhausen, etc., as microscopists and histologists; without Gruber, Tröltsch, Politzer, Hinton, Toynbee, Roosa and Burnett, etc., in otology; without Sims, Bozeman, Clay, Keith, Spencer Wells, Atlee, etc., in gynecology; without Hebra, Hardy, Bazin, Wilson, Startin, and other dermatologists? Were, and are, these men without brains?

The study and experience of our science has become so great, complicated and profound, that it will naturally be seen that one cannot be a master of all the branches at one time; it is right and proper that a general knowledge of the whole studies of the profession should be acquired, but as for perfection in all, it is impossible; and where such perfection is desired in any branch, the whole study and attention must be given thereto. In this way the specialist becomes an ally, not an opponent, of the general practitioner. He is always ready to assist him with his larger experience and deeper knowledge upon the branch to which he has devoted his special attention.

With these few prefatory remarks, I begin the subject of my paper, as announced.

Reflex irritation affecting the organ of vision and visual power, is a branch in the study of pathology which has only within the past few years attracted some little attention. Like everything else in the world of scientific research, the more it is looked into the more it expands, and becomes, in fact, greater to the view and clearer to the understanding, unraveling many knotty troubles the cause of which could not previously be found.

In laying the subject before you, I purpose calling your attention to some few interesting cases that have come under my personal observation, in the course of my studies in Europe and my practice in Philadelphia. Many more illustrations I could give, but as I know you have the regular order of your business to transact, as well as your own discussions on matters of interest occurring in your district, I will not occupy any more of the short time allotted to your meeting than I can possibly help. I say short time, for I really think that the time allotted for all the medical meetings is too short for deliberate transaction of the business, and discussion of the subjects, that come before them.

I will take up first affections the result of dental irritation.

It is now a well known fact, that contraction of the field and impairment of vision (amblyopia) is sometimes due to pathological irritation of the dental branches of the fifth nerve, by the aching of an exposed pulp in a carious tooth, or long continued dental and facial neuralgia.

Some of the earlier writers claimed that amaurosis could be caused by an abscess in the antrum, as well as from carious teeth. *Richter*, in 1795, published a case of a lady who was blind for some years, recovering her sight almost immediately after having a tooth drawn which had given her much pain for a length of time. *Beer*, in 1817, speaks of a consensual nervous affection of the eyes, that was caused by a carious upper molar, and which passed away on the extraction of the tooth. *Deval* says that "a case of chronic relapsing inflammation of the eye was cured, as by magic, on the removal of a tooth."

This theory was, however, contradicted, and not accepted by many writers, and not received by the profession as one of the positive, or even probable, causes of amblyopia and amaurosis, until Hutchinson called the attention of the profession to it, in a very able paper, entitled, "A Group of Cases Illustrating the Occasional Connection between Neuralgia of the Dental Nerves and Amaurosis," published in the Royal London Ophthalmic Hospital Reports, 1865. He begins by the conjecture that many cases of loss or contraction of vision in infancy are caused, during the period of dentition, by the reflex irri-

tation of the dental nerves, just as we have spasms from the same cause. He gives the notes of five interesting cases of amblyopia and amaurosis, arising from neuralgia or carious teeth.

In 1866 Wecker (of Paris) confirmed this view in a letter to Delgado (of Spain), in which he mentions several cases, all of which were cured on the extraction of the teeth.

Alexander (of Aix la Chapelle) gives an account in the *Klin. Monatsblätt. für Augenheilkunde*, February, 1868, of a case of amaurosis, in consequence of dental neuralgia, where the patient could only make out types Jaeger xv with the right eye and vi with the left eye. The examination of the fundus of the eye with the ophthalmoscope gave a negative result, and after three days' treatment, without benefit, he discovered that the first right upper molar tooth was carious and aching. Concluding that the loss of vision was from it, he ordered its extraction, two days after which the sight was normal.

Schmidt (of Berlin) has an article "Upon the Reduction of the Power of Accommodation from Toothache," in the *Archiv für Ophthalmologie*, 1868. He examined the vision of ninety-two cases who were attending the dental clinic of Dr. Albrecht, for carious teeth, and he found that only nineteen had perfectly normal sight, while seventy-three of the cases suffered from loss of vision, in some of whom the reduction of accommodation was very great.

Other affections of the eyes, besides amblyopia and amaurosis, arise from carious teeth. F. M. Mackenzie gives a case in the London Ophthalmic Hospital Reports, 1869, of circumscribed sclerotitis, accompanied by aching in the second molar tooth of the same side, which was only cured on the extraction of the tooth, after all other treatment had been tried without effect.

In 1870 I read a paper before the Medico-chirurgical Society of Philadelphia, and published in the *Dental Times*, on "Impairment of Vision the result of Dental Irritation." In this article I mentioned several interesting and instructive cases, not only of impairment of vision, but of other affections of the eye, from the same cause. As this paper was laid before the dentists, and not the medical profession, I take the liberty of repeating so much of it as appertains to the subject on which I am addressing you.

Galezowski, of Paris, has an article upon this subject in the *Journal d' Ophthalmologie*, 1872, in which he mentions that his uncle, Dr. Severin Galezowski, had a case of blindness in 1827, which was cured by the extraction of a carious tooth.

It has now become an accepted fact, that affections of the eye, particularly that of amblyopia, can be the result of reflex irritation from dental nerves, as well as other parts of the nervous system. In all the recent works on ophthalmology mention is made thereof; but touched so lightly as to look as if yet somewhat doubtful. Stellwag says, "That amaurosis sometimes results from traumatic periostitis of the orbit, from ozæna, from abscesses of the antrum, with subsequent caries of the orbit, as is often caused by diseased teeth." Wells writes, "Amblyopia is sometimes due to reflex irritation, originating in one of the branches of the fifth nerve, or in other parts of the nervous system. Thus, severe and prolonged dental neuralgia may produce impairment of vision, which mostly disappears with the removal of the carious teeth." Wecker speaks more fully on this point, mentioning the researches of Hutchinson, Schmidt, and himself, establishing, without doubt, that amblyopia and amaurosis can take place from the irritation of the fifth pair of nerves, by toothache and dental neuralgia.

Since writing my first article upon this subject, in 1870, I have had many more cases that prove effectually the above assertions of Wecker, some few of which I will relate to you.

Mary H., aged eighteen; sight had gradually failed the past week, so that she was unable to read or sew. The patient was a fine, healthy looking girl. The vision in her right eye had declined to Snellen xx at ten inches, and the left eye to six inches. Examination with the ophthalmoscope did not give any clue to the cause, as the fundus was normal, nor could any defect of refraction be detected. After a few days' treatment, without any improvement, I examined her teeth, and found the second bicuspid and first molar of the left side much decayed; and on inquiry, she said that she had been almost crazy with the toothache, off and on, for the past four weeks. I advised the extraction of the teeth, which was done the following day; and she returned to me three days after with the report that she could sew again. Her sight became better soon after the teeth were removed.

George W., aged thirty, came to see me with the complaint that a month previous his sight became suddenly dim, and had remained so ever since. Jaeger's test types No. 17 could be read at seven inches only. Ophthalmoscopic examination gave a negative result. He had not used tobacco or liquor to any great extent. Had always been in good health. After a week's treatment in the generally prescribed methods.

without benefit, I examined his teeth, and found caries of four, with exposed pulps, from which he had suffered for a long time with toothache. He not desiring to lose the teeth, I recommended that the nerves be destroyed, and the cavities properly filled (with the hope of receiving the same benefit as in former cases where the teeth were extracted). The result was very satisfactory. The sight returned to its normal standard after the teeth were properly attended to.

Mrs. M. F., aged sixty-one, came to my clinic complaining of loss of vision in both eyes, with floating motes in the right eye, the past few days. She could not see to sew or read, even with glasses. She supposed it to be dyspepsia, from improperly masticated food, as she was obliged to remove her false teeth, on account of the great pain and soreness in two teeth, one on either side, to which the false teeth had been fastened for years, by clasps. She reported that she had been suffering from toothache for some time, more particularly when she put in her artificial teeth.

Ophthalmoscopic examination gave a perfect negative result, with the exception of a couple of small, floating particles in the vitreous of the right eye. After nearly a month's treatment for dyspepsia, etc. (without beneficial result), I examined the teeth remaining in the upper jaw, and found that the clasps had worn through the enamel and dentine, so that the pulps were exposed. On my recommendation she had the teeth extracted, and a new upper set made; after which the sight returned with a presbyopia of $\frac{1}{16}$.

In March, 1876, Dr. Robertson, of Meadville, Pa., communicated the following case to me:—Mrs. Rankin, of Franklin, Pa., aged 32, had been almost blind for a long time, in the right eye. She could see passing shadows only. She had been a perfect martyr to facial and dental neuralgia for a somewhat longer time, and concluded one night to have some teeth removed, and sent for a dentist, who came late at night, and finding the first molar of the right side carious, removed it. She went immediately to bed, and to her surprise, on arising the next morning, the vision in the supposed lost eye had returned. In a few days it became almost as perfect as the other, there being a little difference in the focal distance only. She had noticed during the time of the blindness, that if she bit on anything with the tooth it caused sparks of fire to come in the eye, just as if it had been struck.

June, 1878. Sarah G., aged 18; for two months sight had been getting gradually dim, without any apparent cause, until it was reduced to $\frac{3}{cc}$ in the left eye, and perception of shadows in the right eye; cannot distinguish colors with the right eye, and only with the left eye when held within 5″ of the eye. Ophthalmoscopic examination gave a negative result. I admitted her as an in-patient at the Wills' Eye Hospital, and placed her under treatment. At the end of a week there was very little improvement, and I am free to say I was much puzzled about her case, when I noticed a slight swelling on the right side of the face, and on palpation I found quite a hard, firm, lump on the outer side of the lower jaw. She then remarked that she had been suffering from toothache continuously for three months past. Upon examination, I found a carious molar tooth, with inflamed root, and great soreness of the jaw. Dr. Joseph Pettit (dentist, who was visiting his father, the Steward of the hospital) kindly extracted the tooth for her the same evening. The next day she saw an improvement in her vision, and the day following that I examined her on my regular visit to the Institution, and I found her vision right eye $\frac{20}{xl}$ and the left eye $\frac{20}{xxx}$. All medicine was stopped, and on the third day after this she was discharged, with her eyes as well as they ever were.

Other affections of the eyes than amblyopia can and do take place from reflex irritation of the branches of the fifth nerve, as in the case of Mackenzie, quoted above. It is a well known fact that inflammation of the cornea (ulcers) takes place as the result of disturbance of the conduction of the trigeminus nerve. If there is paresis of the nerve only, the affection of the cornea is only an infiltration, which often recedes. But in complete paralysis, ulceration and destruction take place. Severe irritation of the dental nerves can, by reflex action, limit or prevent the proper and full conduction in the fifth nerve, from which neuro-paralytic affections of the cornea may result.

Whether the immediate cause of the affection of the cornea be from the neuro-paralysis, or, as some writers (Snellen and Winther) claim, from the various external injuries to which it is exposed, on account of the insensibility of the organ, is unsettled, but the primary cause of the whole trouble is from another point, and can be from reflex action of the dental nerves, as well as other branches of the fifth nerve.

I have had several interesting cases of this kind, and many have been published in the different medical journals, so, after relating one interesting case, I will not consume more of your

valuable time in relating cases from dental irritation, but pass on to the other fields that draw nearer to you in your daily practice of your profession.

A. H., aged 33, came to me for treatment of inflammation of the cornea of the left eye, with the history that above ten days or two weeks previously the eye became inflamed, without any apparent cause. He had tried the ordinary house remedies without benefit, and on consulting a physician, was recommended to put himself under my treatment. Upon examining the eye, I found there was infiltration of nearly the whole cornea, with a small spot as beginning ulceration in the centre. There was little, if any, pain. There was anæsthesia of the cornea; the touch of a feather or roll of paper could not be felt. The patient was of a good, healthy organization, and reported that he had never been sick.

The regularly prescribed treatment for inflammation of the cornea, and attempt to remove the neuro-paralysis, was continued for two weeks, without the least change in the cornea for better or worse, the inflammatory process being seemingly at a stand still. Hoping that the continued treatment might induce an improvement, it was tried a week longer, but to no effect. On the last day of the third week the patient came into my office with the left side of his face swollen and tied up. He remarked that he had the toothache, from which he had suffered severely for months.

Thinking that I now had a clue to the primary cause of the neuro-paralysis and inflammation of the cornea, I examined his teeth, and found the first molar of that side decayed; a very large cavity, with exposed pulp. In the cavity were some small granulations, which bled freely on being lightly touched. At my suggestion he went and had the tooth extracted, after which the cornea began to improve rapidly, and under the ordinary treatment the infiltration was all absorbed and the cornea became clear again.

Before closing this part of the subject, I will mention an interesting case of reflex action, from irritation of the end branches of the fifth nerve, which I saw while attending the clinic of Prof. von Graefe, in Berlin, in the winter of 1863–4.

A fine, healthy-looking girl of nineteen or twenty years came into the clinic with continual clonic spasms of the orbicularis and facial muscles of the left side of the face. In searching for the cause, it was found that by pressure upon the supra-orbital nerve the spasms would stop. The nerve was cut through subcutaneously; but after a day or so the spasms returned, pressure on the same nerve having no effect of causing them to cease. It was then found that in passing the finger in the mouth, and pressing on the inferior dental nerves of the side of the face affected, complete control was obtained over the spasms. Neurotomy was here performed and the patient cured.

Another form of reflex irritation affecting most seriously the eye, is that most insidious and dangerous disease of sympathetic ophthalmia, in which the disease passes from one eye gradually into the other, without any marked notice thereof for some time, until almost, if not entirely, too late to arrest it by medical treatment or operative influence.

Having called your attention to some forms of eye troubles that may arise from reflex irritation of the third and fifth nerves, I will now for a few moments turn you to a very different part, to that of the uterus. This organ is the mainspring of many ills that woman is heir to. Amblyopia has been a well noticed fact in cases of childbirth, more particularly in miscarriage; but only since the invention of the ophthalmoscope have we been able to examine the fundus of the eye and distinguish which of the tunics and parts may be affected that causes the defect of vision. By this instrument we can discover not only what is affected, but see also what kind of an affection—whether it be simple congestion, inflammation, atrophy, etc.

In chronic irritations of the uterus we often have the patient complaining of her sight being bad; that the eyes are very sensitive to the light; that there are silver stars before the eyes; that it requires an effort to use the eyes at any close work; and at times the vision seems to pass away for a moment or two.

In examining these cases with the ophthalmoscope, we find a sensitiveness to bright light, then a congestion of the retinal vessels, of a not very marked character, but enough to cause disturbance in vision and the above mentioned symptoms. In illustration of the above facts I present two or three cases.

Mrs. C., aged 35, mother of two children, was brought to me some years ago with her vision so diminished that she could not find her way alone, requiring to be led. She had been in this condition for some months; had been under the care of a prominent surgeon, who having no other resource, after a month's treatment, had performed the operation of iridectomy on one eye, without beneficial results. On examining the eyes with the ophthalmoscope I found the media

clear, and a slight retinal congestion. On inquiry I learned that she had been suffering from uterine trouble for ten years. I told her that she should let her physician, who accompanied her to my office, examine her at once, to see what was the matter. The next day he called to inform me that he had found the mouth of the uterus almost closed; the opening was so small that with difficulty a probe of the smallest kind could be inserted. Incisions and sponge tents were used until the opening became large enough to admit the end of the finger; and with no other treatment, she, at the end of three weeks, walked all the way to my office alone; the vision was improving every day. I saw her but a few weeks ago, with her vision perfectly good.

Some few years ago Mrs. L. consulted me in relation to the diminution of her vision. She could not use her eyes ten minutes without pain, and silver stars floating before them. By ophthalmoscopic examination I could only discover a slight congestion of the retina. On suggesting the idea of a uterine affection, she informed me that she had passed through a miscarriage only a month previously, and was still suffering therefrom. I referred her to her family physician, with the remark that as soon as the uterus was in a healthy condition her sight would be good again. Three months after she called to report to me that what I had said to her at first was correct, as she was now well and her sight perfect.

Mrs. C., aged forty, mother of one child, called upon me in relation to her eyes. There was great sensitiveness to light, and an utter impossibility to use the eyes in the least, from the pain in the balls and extending back into the orbit and head. The eyes had a feeling as if they were too large for the sockets. By ophthalmoscopic examination, I found congestion of the retina, with a hypermetropia of $\frac{1}{3}\frac{1}{6}$. The defect in refraction was corrected without relieving the pain in the eyes. Upon questioning her, I learned that there was great pain in the back, and at times in the lower part of the abdomen. It was painful to be on her feet any length of time. Dr. Atlee, her physician, being ill at the time, she went to Dr. T. M. Drysdale for examination, who informed me that he found displacement of the uterus, which he replaced. He has treated her since for this weakness of the womb, and her eyes have been steadily improving. Both pain and sensitiveness to light have been almost removed.

Another interesting case of sensitiveness to light and pain in the eyes was from a rectal affection. I found nothing very special by the ophthalmoscope, except slight congestion of the retina, and suspecting uterine trouble, referred the lady to her family physician for examination. He wrote me that he did not find any uterine affection, but the whole of the rectum was in a peculiar granular condition, which bled very easily. Under treatment of caustics and astringents she recovered, and the eyes gave her no trouble afterward.

Many cases of total blindness occurring after hemorrhages of the stomach, or of the bowels, have been published in the different medical journals in Europe and this country. I have seen three such cases in my practice in Philadelphia, the histories of which would lengthen this address too much at present.

In cases of this kind, however, we learn that the sight became quite dim after the hemorrhage, and continued gradually failing until totally extinguished. By the opthalmoscope we find white atrophy of the optic disks. That the optic disks have lost their natural, slightly pink-tinged color, and become pearly white. That the little vessels that passed through the nerve, giving it nourishment, and reaching into the fundus of the eye, have contracted and become obliterated, while the retinal vessels often retain their normal calibre.

Again, in certain forms of kidney diseases we find peculiar changes in the eye. In many cases of retinitis albuminurica we find marked and lasting changes in the retina. At times hemorrhages in the layers, and at others, small plaques of fatty degeneration of the retina.

It may be asked, "What have these to do with reflex irritation? There are no nerves being irritated by the affections in these parts that can have any reflex action on those governing the eye. All this may seem true; but nevertheless, in some cases of these affections of the uterus, kidney, and stomach, we find the eyes affected by certain marked and typical changes which we do not find when other organs are diseased, and which we know have not passed along any connecting inflammatory track.

As to the connecting links between the affections of the eye and those of the uterus, kidney, and stomach, there still exists great uncertainty. The cause is unknown why we should frequently see a peculiar type of inflammation and pathological changes in the retina, with Bright's disease of the kidney. It has been supposed by some to be from the excess of urea in the blood, and others, that organic disease of the heart may be the immediate cause. But it is not found in

all cases where there is an excess of urea in the blood, nor in other cases of organic heart disease. This special form of retinitis nephritica has also been seen, according to Stellwag, in numerous cases where there was no albumen in the urine, or if present, its percentage varied without any corresponding influence on the course of the retinitis.

Now how is the necessary condition transmitted to cause these changes in the eye that we find at times in the diseases of these three organs? It must be by some nerve power, as through the spinal cord, the sympathetic or other nerves connecting these parts with the brain, optic track, and retina, or interfering with the system of circulation. We know the effect we sometimes have from certain causes on parts that are situated at distant points; but do not always know the course of the transmission of the power necessary to cause this effect. Therefore, in these circumstances, I think I am justifiable in classing them under the heading of this paper.

Gentlemen, I have already trespassed too long on your time and patience; and will close, with the remark, that in presenting these facts to you this day, it is to call your attention to the necessity of being always on the alert to search out the cause of all diseases and affections, not only of the eye, but also of all the other parts of the body, if a cure is desired.

OBSERVATIONS ON THE TREATMENT AND PROPHYLAXIS OF SCARLATINA.

BY J. R. BLACK, M.D.,
Of Newark, Ohio.

During a recent and somewhat protracted epidemic of scarlatina there was placed under my care, in all, nearly 160 cases, with the loss under treatment of three only. The small mortality was, no doubt, in a large part due to the mild type of the disease, yet it does not seem as if this was the sole cause, as the mortality observed by the other city physicians, of whom there are twenty or more, was much larger, quite a number of families losing two, three, or all of their children. It may have been my good fortune to attend a larger number of benign cases than my compeers, but as to this I have no evidence, and mention it merely as a possible contingency. So much depends upon the benign and malign nature of this and some other diseases prevailing in different localities, and at different times, in the effect upon the rate of mortality, that to attribute a very small percentage to the therapeutical measures alone, would be an inexcusable though very ordinary blunder. With a mild type and very unskillful treatment the ratio of mortality will be much smaller than the most skillful management can show during a malignant epidemic. The difference in the factors dealt with is simply immense, yet thousands of practitioners are misled by overlooking it, and others, who have had the mild form only to deal with, are very self-complacent over the few deaths under their management, and imagine the result to be solely the outcome of a superior kind of treatment. This error pervades the reports of medical journals to an extent little imagined, misleading thousands, and inducing them to try therapeutical methods apparently far more successful than their own, but really far less so, as a very short trial serves to make evident. Indeed, as to all diseases of the zymotic class, so much depends upon the prevailing aggregate of qualities, that unless a tolerably correct estimate is given or can be formed by the reader concerning them, the recital of the therapeutical measures, for the purposes of comparison, is nearly, nay sometimes worse than, valueless; it is apt to mislead and confuse.

In the epidemic of scarlatina to which I am here referring the fact is fully recognized, that such favorable results could not be attained when the type of the disease is more malignant. In fact, had it not been for the exceptionally favorable results that attended those under my care, when compared with that of my compeers, I would not have been led to suppose my method was in any respect better than that ordinarily pursued, or at all worthy of being laid before the profession. Yet, when I recall the history of many of those placed under my care, they seemed severe enough to warrant the most anxious solicitude. The high temperature, 103–105½°, the occasional convulsion, the great intumescence of the nares and throat, the intense restlessness, the vomiting and purging, the nephritis, the anuria for forty-eight, and in one instance, seventy hours, and toward the close, the glandular enlargements or the anasarca, are symptoms, taken in part or as a whole, sufficient to awaken the keenest fear, as they often did with me, as to the result. With these few statements, so as to enable the reader to form some conception of the type of the epidemic in question, I proceed to relate the plan of treatment which I found, with few exceptions, to answer its design.

Perhaps the treatment of scarlatina is as unsettled and diverse as that of any other disease. Some, regarding it as a struggle of nature with a zymotic poison, endeavor to aid her and to antagonize or eliminate it from the body; others

have adopted the view that the high temperature is the great element of danger, and hence strive to reduce it by cold water and quinine; while not a few content themselves with the purely expectant plan. The conceptions formed as to the nature of a disease usually govern its management, though this, of course, is or ought to be subject to modification by individuality and the hygienic surroundings. The puny, scrofulous child, badly nourished through stomach and lungs, would not bear the active treatment appropriate for one of healthier blood, besides needing roborants to a much higher degree.

The outline of the scarlatinous attack appears like this: an infection is passing through a rapid, though limited and predetermined, zymosis in the system, and the most prominent attendant symptom is a very rapid tissue and blood metamorphosis. The grade of the latter is chiefly manifested by the temperature, though in some instances the zymosis seems to affect the molecular life of the blood and structures so universally and powerfully as at once to fatally overwhelm the vital force, and hinder any notable rise of heat. The rapidity of retrograde metamorphosis charges, to an extraordinary degree, the blood and organs of the body with effete or devitalized materials, and these, in addition to the genetic cause, constitute the main source of immediate danger to life. If the outlets of the body are not sufficiently active to keep the blood tolerably free from an undue accumulation of the necrobiotic matter that is being formed and sent with extraordinary rapidity through the tissues of all the organs of the body, life will soon succumb. The approach of death through this cause is most likely to show itself upon that tender and susceptible centre—the nervous axis, whereby convulsions and coma are made to supervene. This brings us at once to the great principle of treatment—a principle that should be adopted in all those cases in which the vital force is of good strength, and the efflorescence well developed—which is, to be assured that all the excretory organs of the body are *placed at once and kept in activity*, somewhat in harmony with the rapidity of the formation of the materials that should be emitted from the system. Especially should the action of the kidneys be attentively watched, as they have not only to perform their own share of excretion, but also that of the skin, and under conditions of extraordinary requirement. The liver and intestinal tract also require an increase of their ordinary activity, or evacuant action, of at least two or three times more than the ordinary amount, and as long as the fever continues at its highest grade of action. The point should not be overlooked of distinguishing between very thin, abundant, and colorless discharges, which often largely consist of serum, drawn chiefly from the blood, and stools well tinged and thickened with bile and fecal matter.

When first called to see one already near the acme of febrile movement, if vomiting and diarrhœa do not exist, ipecac. in diaphorectic, hydrargyrum cum cretâ in laxative, and nitrate of potash in diuretic potions, combined, and ordered every two or three hours, are admirably adapted to fill the leading indications. Unless some modification of the symptoms arises, the prescription may be continued until the fever shows signs of decided abatement. Copious and very watery stools are usually readily controlled by the addition of a few grains of subnitrate of bismuth to each powder. During all this time the state of action of the kidneys requires special watchfulness. Again and again have I been able, by the appearance of a peculiar stare of the eye, indescribable in words, but once seen easily recognized, to predict correctly, in advance of inquiry, that the secretion of urine had become very defective. This demands immediate attention, else convulsions or coma will quickly ensue. To increase their action in such cases, Hayes' elixir of buchu, juniper and acetate of potash furnishes an elegant, quickly acting, and very effective diuretic. Its administration should supersede all other medicines, or else be alternated with them, until the flow of urine is restored. Meanwhile, if the temperature rises above 103°, sponging the surface, not for a few moments only, but for an hour or more at a time, will aid in lowering the temperature, and in soothing the intense restlessness. When the angina is intense, small bits of ice frequently allowed, and once in two or three hours sprinkled with finely powdered chlorate of potash, is agreeable to the patient and moderating to the inflammation. When the cervical glands are much enlarged, no local means of relief equals the application of camphorated oil. During defervescence the amount of medicine should be lessened, and if no special purpose, by deficiency of excretory action, is indicated, suspended in toto. But the functional activity of all the principal organs of the body needs, for a time, continued and vigilant supervision. The glandular induration or suppuration is well aided toward reversion to the healthy state by fl. ex. lappa, fl. ex. rumex, fl. ex. euonymus, and iodide of potash, administered in teaspoonful doses three or four times a day. If nephritis supervene with anasarca, in addition to the elixir

above mentioned, tr. ferri muriatis, well diluted, has in my hands always sufficed in removing all the dropsical manifestations. Some physicians treat this sequela with elaterium, a mode that I have known not only effectual in removing the dropsy, but also life with it.

Such is the outline of treatment that I have found quite successful in the management of scarlet fever. Complications, such as suppurative pharyngitis, cervical adenitis, otorrhœa, bronchitis, convulsions and coma, require, of course, special therapeutical adaptations. As to these, I have nothing to suggest that is new, or for which any special success can be claimed. One, indeed, the main, element of success consists in aborting such threatened evils, particularly the coma, and convulsions, and whether correct or not, I attribute the gratifying results of the method above given to the most vigilant attention to the maintenance of a more exalted activity than ordinary, of all the outlets of the body, save the skin, which is, of course, impracticable. In this way the blood, and with it the functional activity of all the organs most essential to life, is relieved of the rapidly accumulating devitalized products, which otherwise would, in addition to the intense febrile commotion, soon end the struggle for existence.

Household Prophylaxis.—Unfortunately for the welfare of the family, the physician is not always, indeed, as a rule he is not thoroughly, versed in the prophylaxis of disease. His thoughts are usually so much engrossed as to the best methods of curing, that prevention occupies a very subordinate place in his mind. It is only now and then that he is asked to suggest the best means of preventing the extension of disease, but dozens of times each day he is asked to remove it. Thus absorbed, it should not be a matter of surprise that he is often unable to give good or wise advice as to prophylaxis. Indeed, not a few evince decided confusion on the subject of infection and contagion, or have formed opinions on the subject from some hastily observed circumstances, antagonistic, it may be, with what has been for many years axiomatic on the subject. For example, physicians of fair standing are not uncommon, who deny that scarlet fever is contagious; others, that it is only so during the febrile stage; and yet others, only during the defervescence. This lack of unanimity is far more dependent upon limited knowledge and hasty generalization than aught else; and if such are the conceptions as to premises that have a highly important practical import, what must be the divergences of opinion as to the power of control over the infection in the household. And, on the point of divergences, I may be wrong, yet sincere, in attributing them, in the main, to an abuse of mental liberty, and the outcome of an egotism which the adulation of patrons fosters in the physician to an extraordinary degree, rather than as the fruits of anything like an equality of patient research and observation. One physician of limited acquirements and observation may be heard speaking far more dictatorially on certain points than another, who, after a long course of study and experimental verification, may be fairly entitled to the appellation of an expert. The departments of medicine are, at this day, so extensive and intricate, that if any new precept needs formulating and enforcing upon the attention, it is, that until a physician devotes half as much time and study to a distinct pursuit as the specialist, his utterances should indicate the consciousness that he is only half informed on the subject.

This is not the occasion to enter into an examination of the evidence as to whether scarlet fever is a contagious or infectious disease, or the period during its course when it is more intensely one or the other, but to give in plain language the method by which I have been able, again and again, to limit the disease to a single member of a household of children; and this, too, in the face of declarations by other physicians that such a thing cannot be done. No better method occurs to me than to relate how the contagion was limited in a particular instance.

In the Spring of 1876, while scarlet fever was prevailing as an epidemic, I was called to see the eldest child of Mr. F. He had three other children, all of whom were delicate and prone to attacks of angina. The entire surface of the boy, whose age was eight, had the characteristic exanthem, with high fever, sore throat and rapid pulse. The parents were intensely alarmed, as with three younger and more delicate children they might well be, at the prospect that all of them must now suffer by the dreaded malady. "Is there any way of preventing the other children having the disease," was the earnest inquiry. "Certainly," was my reply, "if you will faithfully follow my directions." "That we will do, but, Doctor, the other children have all been with the sick one while the fever was on him, not knowing what was the matter with him, and some doctors say it is more catching then than at any other time." My answer was, "never mind what others say; some say it is not contagious, not infectious; just as some think to this day that the world does not turn round."

As Mr. F. had a large two-story house, the

limitation of the disease appeared perfectly feasible. The chamber selected for the sick boy was up stairs, and in a room apart, as much as practicable, from all the others, with an open fireplace, which, with the windows dropped from the top, afforded ample means of ventilation. The transom was closed, and the door ordered not to be opened, except for the entrance or exit of the nurse. To her was given the following directions: to wear in the sick chamber a loose gown, which must be thrown off before leaving the room, and, if the patient has been handled, to wash the hands in water into which a little carbolic acid had been dropped. Not a handkerchief, napkin, or piece of bed linen must be taken out of the sick room dry, but must first be plunged into boiling water. During cutaneous exfoliation the scurf to be carefully collected from the sheets, which in this case often amounted to a tablespoonful, and thrown into the fire, especial care to be taken that none falls upon the carpet.

The isolation of the patient must be continued for at least ten days after desquamation is completed, and the week prior to leaving the room carbolic acid baths to be given once daily. This should be of tepid water, into which an ounce of the solution of the acid has been mixed. Every inch of the surface must be carefully disinfected, especially amid the hair of the head. Many precautions have been rendered wholly nugatory by the neglect of this point. The patient has been, it is said, carefully disinfected, and yet the disease has spread. The mystery would be explained by an increased of visual power. The minute scales, abounding in infection, linger in the head longer than anywhere on the person. A boy has been well of the fever, say for a month. He goes upon the street, and into the school room, sitting or standing with two or three others around him. He scratches his head, and it is only needful to place him where a few sunbeams are allowed to fall upon his head to be made aware that a little cloud of infectious dust is diffused around him. Some of it is inhaled by his companions, it adheres to their throats, to the bronchia and bronchioles, and so enters the blood. Mysteriously, these companions are taken down with scarlet fever, and yet parents are most confident that their children have not been anywhere near the infection.

The patient's time of seclusion having elapsed, and all the infected clothing as carefully disinfected as the person, he may then mix in safety with his fellows. Attention should then be turned to the bed room and its furniture. No child should be allowed to enter the apartment until thorough disinfection has been practiced. This may be done by closing the room tightly, windows, flue and doors, and then burning sulphur in it until the fumes pervade every part, allowing it to be thus tightly closed and fumigated for several hours. After this all the windows should be thrown as wide open as possible, day and night, for a week. The room will then, after cleansing in the ordinary way, be ready for occupancy.

No other member of the family suffered from the disease in the instance above referred to, nor could any extension of it be traced from him as its source. I believe the stamping out of scarlet fever and diphtheria in any particular locality to be practicable, if the populace were only educated up to its entire feasibility, and to render intelligent coöperation.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA, FEB. 22, 1879.

REPORTED BY FRANK WOODBURY, M.D.

The Prevailing Epidemic of Influenza—Its Characteristic Phenomena, Pulmonary, Gastro-Intestinal, Cerebral and Nervous—Its Wide Distribution, Mortality and Treatment.

GENTLEMEN:—There are some special points of interest that I wish to discuss in connection with this case, whose clinical features, however, are not nearly so well marked this morning as they were a day or two since. When she was received into the wards, a few days ago, she presented a remarkably good illustration of the now prevailing epidemic of catarrhal fever, or influenza.

I will first read you her clinical history, and inquire into her present condition while she is before you, and then make some remarks upon the type of disease which she represents, over whose characteristic features I propose to pass in rapid review.

This woman is fifty-one years of age. She tells us that four days prior to admission to the hospital, which was on the 18th of this month, she was seized with chills followed by flushes of heat. She also had headache, and, more especially, pain over the eyes and in the frontal sinuses, with the discharge of a glairy mucus from the nostrils. The throat was sore, the pharynx congested, and the tonsils slightly swollen. She had intense pains in her bones, and in the loins. She located the pain in her limbs particularly in the back part of the legs. She says, moreover, that the pain was not confined to the lower extremities, but also existed in the arms, associated with tingling in the fingers, and more or less numbness. Although in bed, she felt constantly cold and shivering. At first there was some nausea and vomiting, which, however, soon passed away.

The bowels were not disturbed. The headache was constant; she speaks of it particularly, and calls my attention again to this neuralgic pain in the brow and in the back of the neck, with stiffness of the shoulders. Especially when she lifted her head, she tells us, was this stiffness manifested, therefore, the muscles of the neck were implicated, as well as those of the trunk. She also tells us that the uncomfortable feelings in the legs and arms were not general, but were worse in spots, a burning pain, she describes it, in certain places.

When she was admitted she was feverish, but the temperature was not particularly high. The urine was acid, of high specific gravity, 1.030, and had the appearance of fever urine; it was scanty, with a heavy deposit of urates. It was not albuminous. A good deal of discharge came from her nose, and on listening to the chest we heard a few bronchial râles.

Now what is the difficulty in this case? It is not an ordinary catarrh, not an ordinary cold in the head; there is too much general disturbance to warrant this, too much pain in the bones, too much headache, too much depression. The patient was too ill, too weak, for such a slight cause as an ordinary coryza. This case is one of catarrhal fever, one of the prevailing epidemic. She was treated by quinine (eight to ten grains daily), good food and rest; astringent applications were made to the throat, and small doses of Dover's powder were given several times in the twenty-four hours, under which she has steadily improved.

We will now examine her, and see if the disease is leaving any traces. There are no râles in the chest this morning. There never were many, and the few that we heard the other day are gone. The throat is slightly red; it is still relaxed. The tonsils are moderately swollen. The skin of the general surface is moist, which may be due to the Dovers' powders, which she is still taking, but which shall now be stopped. Continuing the quinine, she shall take, in addition, twenty drops of the tincture of the chloride of iron three times daily, well diluted.

I wanted to show you this case as an illustration of the form of epidemic catarrhal fever, or influenza, which is now prevailing; in all probability I am now addressing some of the sufferers from it, for comparatively few escape its influence. What you see here in this patient in a light form, has in many others appeared in the severest possible manifestations.

Thinking that a glance at the distinguishing features of the present epidemic of influenza might prove of interest to you, I have grouped the symptoms in certain classes, and will begin with the consideration of the so-called catarrhal symptoms.

The Catarrhal Symptoms are those which were prominent in the patient before you. There is a free discharge from the nose, of a glairy mucus, with injected eyes, and the signs of an ordinary coryza, to which is added more or less sore throat and bronchial irritation, which were present here. But, gentlemen, I have met a large number of cases without marked catarrhal symptoms—cases where the amount of trouble referred to the nose, throat and bronchial tubes was very slight; where there was nothing more than some injection of the throat, and a slight swelling of the tonsils, nothing more. But even in these cases it was not uncommon to find that the submaxillary glands and the cervical lymphatics were swollen and tender. This condition was also found to be present here. Therefore, the symptoms of coryza and throat involvement are sometimes prominent and sometimes not prominent; but, at all events, they are liable to be associated with some swelling of the lymphatic glands. This is a peculiarity of the present epidemic which I have noticed.

The amount of bronchitis has been variable. In some cases a good deal, in others not so much, in some comparatively slight. The chest is often full of dry râles, and these pass away, to return again.

But, gentlemen, in a very large proportion of instances of the malady as it has appeared among us, and I am drawing upon a large experience of the last two months, there have been, sooner or later, signs of pulmonary complications. Congestion occurred not infrequently. In reference to the latter condition it may be stated that the congestion of the lungs, for the most part, has been a double congestion, and in many it has arisen slowly and gradually. Sometimes only one side was affected, and there was a strong tendency for the condition to pass into pneumonia. But I have also encountered a considerable number of cases of double pneumonia, which were slow in their development, and marked by great depression. The expectoration in most cases was small in amount, and in others there was none at all.

So much for the chest symptoms, and the way they originate. In some instances the epidemic influences have expressed themselves upon the abdominal organs, rather than the air passages.

The Gastro-Intestinal Symptoms.—In a few of the cases the nausea and vomiting have been the most marked symptoms of the malady, and have caused the others to be overlooked. There may be even purging and diarrhœa, with cramping pains; and the cramps happen, at times, without looseness of the bowels. In some of these abdominal cases I have seen jaundice, showing that the poison had attacked the gastro-intestinal mucous membrane and the liver, rather than the bronchial membrane, as in the preceding group of cases. So much for the phenomena of disturbance of the mucous structure; let us now consider some other and not less striking symptoms.

The Nervous Disturbance.—We now come to a series of phenomena that are most interesting. You have heard me speak of the extraordinary pain in the bones, the exalted sensitiveness of the skin, the rigidity of the muscles of the neck and shoulders, and even the severity of the headache. This patient has presented these symptoms only in a modified degree, yet she has described them to you herself, in telling you how she has suffered, that her bones and muscles ached, and that there were localized, burning pains in the skin. What is more remarkable, in some cases that I have attended there has been actually increased sensitiveness of the skin, in various portions of the body. I do not think that I can say that it exists here, but in other

cases I have more than once observed it; however, in the burning that she speaks of we recognize a symptom referable to disorder of the nervous system. In some patients there has been present such an exaltation of both sensor and motor nerves as to produce not only cutaneous hyperæsthesia, but also restlessness, and tendency to jerking of the limbs. Even the contact of the bedclothes brought on spasms of groups of muscles.

The Cerebral Symptoms.—The headache is sometimes so violent as to be accompanied by delirium. I have seen a remarkable case of this quite recently. From the character of the pain and the active delirium, it was actually thought to be a case of meningitis, but we found that it was in reality only the head symptoms of the influenza. Having the eyes examined by an expert ophthalmologist, it was learned that the eye ground was normal, which, of course, was against the idea of meningitis. I mention this case to show the severity of the head symptoms that may occasionally be encountered in the prevailing epidemic.

You are apt also to have cases of double neuralgia, both fifth nerves being implicated. There are many other nervous phenomena which I have observed in isolated cases, but which I shall not have the time to consider in detail. You see that I am describing a very curious epidemic, of which this patient is the type; you must not think, however, that I have exhausted the subject, but you can judge, from these observations, how profoundly the nervous system participates in the general disturbance.

The Fever.—The febrile movement was not high; the highest temperature I have recorded was 104°, but profuse sweats in the middle of the case were not uncommon.

The Depression.—Lastly, in concluding the discussion of this case, I must speak of the great depression which characterizes the disease, marked during its course, and marked in the convalescence. The patients are much more depressed than they should be for such an apparently light affection. Having already referred to this in the early portion of my remarks, I need not dwell upon it further, at present.

Having now before us all the clinical features of this epidemic influenza, its diagnosis is sufficiently clear. This could not be mistaken for an ordinary cold in the head, because we do not have neuralgia in simple catarrh, nor do we have violent headache, or gastric disturbance, and, I might again add, nor do we have such general systemic disturbance and marked depression.

Summing up, then, the characters of the prevailing epidemic, we notice that there is accompanying the coryza comparatively slight bronchial affection, yet with tendency to congestion and double pneumonia; on the other hand, there is a great and marked disturbance of the nervous system—pain in the bones and extremities, muscular spasms, violent headache, simulating meningitis, and a depression more than belongs to the history of most epidemics of catarrhal fever. The disease that you see here is, as I have told you, widely prevalent, and I have seen it attack persons who have not left their houses for a long time. I now recall three such cases, one of whom had not been out for three months. One case, a lady suffering with dilated heart, had not left her room for seven weeks. Another, an old gentleman, of great distinction in our community, and of advanced age, rarely goes out, a chronic bronchial catarrh being rendered worse by such exposure. A third case had not been outside of the room for six weeks, being kept there by recurring attacks of gout. All of these cases, while staying in the house, have been seized with the prevailing epidemic, and in a very marked form.

The Mortality.—From the tendency to nervous depression and pulmonary complication, you would correctly infer that, directly and indirectly, this disease has occasioned a great many deaths. During the last few weeks the number of fatal cases of acute pneumonia has been extraordinarily large, and has exceeded the mortality from the principal zymotic diseases; indeed, the death rate of young adults (from 20 to 30) has almost equaled that of infants (under one year of age). If I were to examine the mortality lists of New York, Boston, and other large cities of this section of the country—for this epidemic has spread over a large area—I should doubtless find the death rate increased; very largely so among those disorders which represent acute affections of the lungs, but not by any means confined to this class. Undoubtedly many persons have succumbed to this epidemic influenza who were previously in poor health; being weakened by some other disease they were unable to resist the blood poison. The epidemic is therefore a dangerous one, for although simple cases almost invariably recover under the treatment I have indicated (quinine, Dover's powders, and, during convalescence, iron), others, suffering with complications, or debilitated by preceding illness, are carried off. The lung affections associated with it are especially hard to control. But just here we are reminded that, on account of the prostration, all depressing remedies are badly borne, and the condition of the stomach prevents, for the most part, the use of any nauseating and depressing agents.

The treatment must be preëminently a supporting and expectant treatment, meeting special indications as they arise, and treating symptoms mainly. Good food, systematically given, and quinia, are generally of primary importance. Dover's powders, or other diaphoretics, may also be serviceable. A certain amount of wine or milk-punch, especially in elderly patients, will often be useful, and it may be indispensable; while in convalescence our reliance is still in quinine and in some preparation of iron. The amount of stimulus must be proportioned to the severity of the attack, and I have seen cases, in women unaccustomed to the use of wine or brandy, take large quantities of both with striking benefit, and without any flushing or other symptom of its disagreeing; in other words, I have seen the effects that we are familiar with in the treatment of low fever, here reproduced.

Treatment of Acute and Chronic Tubal Nephritis—Success of Jaborandi in Dropsy, and Ergot and Iron in Albuminuria.

I thought, gentlemen, that you would be interested in watching the progress of the case of

chronic tubal nephritis which I had before you at our last clinic. You remember the case; it was the woman, Bridget N., 40 years of age, for whose previous history I must refer you to the notes of last Saturday's lecture. The report we have to make this morning, of her progress, is a favorable one; the greatest improvement has taken place in her condition. You remember that we recognized this case as one of acute exacerbation, if you like, on top of a chronic tubal nephritis. We thought that the examination of the urine proved that the disease was of long standing, and this view was apparently sustained by the history of the case. More than a year ago she had her first attack, from which she believed that she had recovered; the disease, at least, was quiescent until her recent exposure to cold and wet, by which the chronic complaint has been lighted up again. We based our opinion of the existence of chronic disease then upon these facts: that she had a former attack of dropsy, with acute swelling of the legs and face; and secondly, because the fatty and granular characters of the tube casts indicated this form of disease. She came into the hospital about two weeks ago, very dropsical, and with a good deal of albumen in the urine. We placed her upon Basham's mixture and twenty minims of the fluid extract of jaborandi, three times a day at first, and subsequently not so often. This caused her to sweat freely, therefore the object which we had in administering the jaborandi was obtained. We subsequently diminished the frequency of the dose to twice daily, just giving her sufficient to keep up a gentle action of the skin. There was less ptyalism in this case than usual; the action upon the skin was all that could be desired; and there was also free secretion of urine. It is in this influence upon the skin and the kidneys, especially, that the jaborandi shows its admirable effects in the treatment of dropsy.

We have here some of the urine passed this morning. Applying the usual tests, we see that there is a slight amount of albumen in the secretion, but nothing like as much; it has diminished more than one-half since last Saturday. There is only a faint, cloudy deposit produced on boiling. At the same time the urinary secretion is more free, and this morning not a particle of dropsy can be detected. You see this for yourselves. The hands and feet are natural, there is no ascites, the face is not puffy, the dropsy is all gone. We can see that our treatment has been very successful, for what we aimed at. Now should we modify the treatment, or continue it? My opinion is that, in this case, the period of usefulness for jaborandi has passed, this remedy, in my experience, being a most valuable one in removing the dropsy by its action upon the kidneys and skin. I believe it to be the best diaphoretic that we possess. I do not think that keeping up free perspiration would be of any further use to our patient. I shall therefore stop the jaborandi, and if there should be any dryness of the skin, or tendency to swelling, we can return to it. If we abandon it, shall we trust alone to the iron in this saline combination with acetate of ammonia, or shall we resort to one of those agents which exert a more or less special action upon the kidneys, and check the flow of albumen? I am inclined to do both here. The Basham's mixture shall be continued in the ordinary dose, and in addition, she shall take half a drachm of the fluid extract of ergot three times a day. I shall also direct that she shall be rubbed with Croton oil over the region of the kidneys. This counter-irritation I have found to be especially useful in chronic tubal nephritis, but I have also used it with benefit in other forms of chronic Bright's disease. The ergot is given with a view of diminishing the flow of albumen, by relieving renal congestion, by its action upon the small vessels. In some cases it has been followed by excellent results. In the course of a few days I have seen it exert a striking influence, where it was given in sufficient doses. I sometimes drop the iron altogether, and trust alone to the ergot. These cases do not bear opium well. Under the use of ergot we find that even in fatty kidney the albumen diminishes in the urine, but the more recent the affection, the better results may be expected from this treatment.

What you have heard me say in regard to Croton oil is not an original treatment. It has been recommended by leading authorities for years, especially by Grainger Stewart, who contends that it lessens the congestion which generally attends chronic tubal nephritis.

The patient should be very particular about her clothing, avoiding exposure to cold and wet. Her diet should consist of milk and eggs, nourishing broths, with very little meat. This regimen she has been upon since entering the ward, and it shall be continued.

Exophthalmic Goitre.

I will now show you, in conclusion, a case of exophthalmic goitre. It is Mary N., seventeen years of age; it is a very remarkable case, but I am happy to say the patient is improving. You see that she has the characteristic prominence of the eyes, and the peculiar swelling in the neck, the enlarged thyroid gland, which is called goitre. Now let us see if she has the characteristic condition of the heart. I find that there is a strong, extended impulse, with some increase in the area of percussion dullness. Listening to the sounds of the heart, I find that the first sound is rather dull and full, the second distinct at the apex and over the left ventricle. Over mid-sternum the second sound is more clear, while a soft systolic murmur is heard at the left base. The impulse, I have already told you, is extended and forcible, felt in two intercostal spaces, and the percussion dullness is slightly increased.

We have now the prominent eyes, the goitre, and the over-acting heart, which is also slightly enlarged. There is no valvular disease, but the murmur heard at the left base is anæmic. Now let us see the significance of the phenomena we have here. In the order of their appearance, we find the first symptom noticed was palpitation of the heart, which came on about six months ago. She had no fright, had had no anxiety or other excitement, nor was there any physical shock, or anything that could have started this palpitation. The only cause that she could assign, was a strain in lifting up a

heavy trunk. On questioning her closely, she tells us that she had some palpitation before this; she had been subject to a slight palpitation in going up stairs, but it was nothing like the marked palpitation which has come on since this strain. About three months after this occurrence the eyes began to be prominent, so that her attention was directed to them by her friends. Five weeks after this, again, she first observed a swelling of the neck. That is, after palpitation had existed some months, the eyes became prominent, and subsequently the goitre appeared.

All this occurred prior to her admission into the hospital on the 8th of January last. This extraordinary condition, you notice, is comparatively recent. You have here, in this case, a marked illustration of so-called exophthalmic goitre, Basedow's or Graves' disease; of which you could not have a more classical example than the one before you. You ask me what started all this? I am inclined to think that here, in an anæmic, over-worked girl, the strain was a sufficient cause; this led to a functional disturbance and over-action of the heart, from which came the phenomena we have considered. The pathology of the affection is very obscure. The primary disorder has been located in the sympathetic system, by some in the cervical ganglia, by others in the cardiac plexus; in either case secondarily producing a disturbance in the innervation of the heart, and palpitation. From the manner of its development, the latter view would seem to be most likely. In point of fact, it is more important to know that the organic disease of the heart which is found in such cases is of slow development, and usually consists only of slight hypertrophy. The murmurs heard are blood murmurs; there is no valvular trouble.

As regards treatment, she has been taking various forms of iron; particularly, of late, the syrup of the iodide of iron (in thirty-drop doses, three times a day). She is also kept as quiet as possible, and on a non-stimulating diet, and under this treatment the eyes have become less prominent, and the heart more quiet. Iron, in some form, is always useful in cases of Graves' disease, especially where the anæmia is marked. In addition to this, we may attempt especially to quiet the heart by giving drachm doses of the infusion of digitalis. In cases where the hypertrophy is not marked, the digitalis, in combination with iron, forms the best treatment. There has been no pain here, as there is sometimes in more marked cases, and from the manner in which the symptoms have already improved, I am inclined to give a favorable prognosis. The treatment we have instituted has led to a subsidence of the symptoms, and will probably produce a definite and permanent improvement.

Editorial Department.

Periscope.

On Stammering.

Dr. J. Schrank, of Munich, in a recent work, alleges stammering to be the result of disease of the cortical portion of the brain. It is brought about through mental influences. Speaking requires a succession of acts of volition; but with the stammerer the behests of the will are hindered by anxiety or doubt as to his powers of execution of the words to be uttered. Undue attention is thus thrown upon the special acts of pronunciation. The stammerer is therefore one placed under the influence of dominant ideas, having especial reference to his capacity for articulation. He thus belongs to the same class as those suffering from agoraphobia or ataxia muscularis.

Dr. Schrank rejects Kussmaul's view, that stammering is owing to a born weakness of the apparatus by which syllables are coördinated. If this were so, stammering ought also to occur in reading and singing, which is not always the case.

The author would seek for an anatomical basis of stammering in the parts around the island of Reil, where the so-called motor speech centres have been located. Stammering appears to be hereditary. Colombat found it to be inherited in two-fifths, and Coën in one-fifth of his cases. Dr. Schrank gives an instance where stammering ran through four generations, originating from the mother's side. In those cases where there was no direct inheritance of the disorder, other diseases of the nervous system, such as epilepsy, hysteria, or chorea, were frequently found. The author sees a confirmation of his theory in the treatment which has been found most efficacious in removing stammering. This consists in different devices and exercises to increase the strength of the will, and to diminish anxiety in speaking. Electricity has not been found of any efficacy in the treatment of stammering.

Very great success is reported as attending the treatment of stuttering by purely physiological training, according to the system of M. Chervin, of Paris. Three types of stuttering are distinguished. First, that occurring during the inspiration; second, stuttering during expiration; third, stuttering during both these periods and between breaths. The first involves various respiratory exercises, and the pupil is first taught to make long, full inspiration, and follow it by regular, forcible expiration. Then the respiratory movements are made with various rhythms until they become full, regular and easy, instead of being jerky, labored, and fatiguing. In the second stage of treatment, exercises with vowel sounds are substituted for the previous mute breathings, giving to each vowel the various

modifications of tone, pitch, duration, etc., heard in conversation. The third stage comprises exercises on consonants, alone and in combination with vowels; at first slowly, then rapidly, varying the duration and pitch of each syllable, and passing from words of one syllable to those of two and more syllables. Prepared by these exercises, the pupil learns to articulate slowly and methodically short sentences, then longer periods and paragraphs, separating sentences, and always beginning with a deep inspiration. Twenty days of this treatment usually suffice for a perfect cure.

Percussion of the Skull as a Mode of Diagnosis.

At one of the late meetings of the Harveian Society, of London, Dr. Robertson showed a case of convulsions affecting the right side of a boy, in whom he had tried, by percussing the head, to detect any localized tenderness or pain which might indicate disease of any of the centres. He had found that over the left motor tract region, where there had been a history of past injury, there was pain on percussion. He had before found good results from tapping the head to detect tender spots of the brain, and he thought that possibly we had here an additional means of diagnosing such local disease. Dr. George Buchanan said that he was skeptical as to localization at all, seeing that parts of the brain might be lost without any difference in the nervous faculties resulting. He thought the convulsions and movements produced by tapping the surface of the skull in such cases as this were to be explained as reflex, from irritation and filaments of the fifth nerve; and he referred to the case of a boy who, after an injury to the left side of the scalp and skull, was subject to epileptiform fits. In that case, he divided the supra-orbital nerve, and the patient remained free from the fits. As to tapping the round and vaulted walls of the skull, he did not see how we could expect to detect local differences in that way, as the force of the blow would be diffused, and would rather affect the point opposite to that struck.

The Use of the Forceps in Labor.

Dr. Johnston made a report on this subject, lately, to the Obstetrical Society of Dublin. He said that he had for years been an advocate for the more frequent use of the forceps, having seen the injurious effects of long continued pressure on the soft parts. If nature seemed able to accomplish delivery without detriment to mother or child, let her do so; but when nature seemed unable, the uterus feeble, and the patient exhausted by ineffectual pain, why should we leave a fellow creature in prolonged agony, when we have at hand certain means of speedy relief? The forceps was perfectly safe, if used by a skilled hand, in suitable cases. The os uteri must be *dilatable*, though it need not of necessity be fully *dilated*. He considered the os fully dilated when the aperture had a diameter of four inches. The more frequent use of the forceps, in his opinion, tended to favor the life of the child and of the mother. He had administered chloroform in five hundred and thirteen cases of forceps operation, without any unpleasant consequences. He always removed the forceps as soon as the occiput was under the pubes and the head bulged the perineum. The forceps he now used was Barnes'. After delivery by the forceps, he always had the vagina syringed out with some antiseptic solution, for two or three days.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

—At the instigation of the Board of Health of New York, Drs. E. Curtis and T. E. Satterthwaite have made a number of experiments on the pathology of diphtheria, and embodied the results in an interesting report to the Board. These results are not conclusive; but they appear to point decidedly to the conclusion that the much talked of bacteria in the diphtheritic membrane have little or nothing to do with the disease (pp. 56).

—Another monograph on this fertile subject of diphtheria is by Dr. Chas. H. S. Davis, of Meriden, Conn. He describes a local epidemic there, and details a number of plans of treatment (pp. 38, reprint from the R. and L. *Medical Journal*).

—Dr. F. J. Bancroft, President of the Colorado State Board of Health, in his Annual Address, gives a succint account of the constitution and impurities of atmospheric air. The same writer, in the *American Medical Biweekly*, has an interesting practical article on the climate of Colorado.

—The unjust bearings of the present laws relating to malpractice in this State, and the dangers which even the skillful and conscientious physician incurs under them, are well set forth in a pamphlet by Dr. J. B. Crawford, of Wilkesbarre, Pa., and published by request of the Luzerne county Medical Society.

—A medico-legal inquiry turning on the diagnosis of aphasia and aphasic insanity is reported from the *American Journal of Insanity*, by Dr. C. H. Hughes, of St. Louis.

—A study of puerperal insanity, illustrated with cases, is issued in a reprint from the Transactions of the Medical Society of West Virginia, by the author, Dr. A. H. Kunst, of Weston.

—The New York Academy of Medicine have published two addresses before its members, the one the valedictory of Dr. Samuel S. Purple, the other the inaugural of Dr. Fordyce Barker,

—Among Dr. E. C. Seguin's recent contributions to neurological literature, may be mentioned a report on aconitia in trigeminal neuralgia, (*New York Medical Journal*, December, 1878); on syphilitic brain lesions (the same, September 1878); and on the diagnosis of progressive locomoter ataxia, a clinical lecture (G. P. Putnam's Sons).

—The treatment of blepharospasm by forcible stretching of the sphincter muscle of the eyelids, is advocated by Dr. H. G. Cornwell, of Youngstown, Ohio, in a reprint from the Ohio *Medical and Surgical Journal*.

—Dr. L. A. Duhring has contributed to recent periodicals a case of so-called xeroderma, or parchment skin; and an undescribed form of atrophy of the beard.

—We have also received an address before the Council of the Syracuse University, by Dr. Alfred Mercer; on Rare Diseases of the Eyelids, by Dr. C. S. Bul; a number of Annual Reports; and the Pocket Dose Book, issued by the Metric Club of Chicago.

BOOK NOTICES.

Health, and How to Promote it. By Richard McSherry, M.D. New York, D. Appleton & Co. Cloth, small 8vo, pp. 185.

The increased attention given to preservation of health is one of the good signs of this age. The work before us is a contribution to the general cause of sanitation. It is addressed to the general reader, and its scope is limited to personal and domestic as distinguished from state or general sanitation. After a short introduction he depicts the hygiene of the different ages, which, following Pythagoras, he makes four, in lieu of seven, as Shakspeare did. Following this are chapters on race and constitution, the air, water, clothing, exercise or work, food, alcohol and tobacco. On all these subjects much of interest, much of value (were it heeded), is said by the author; but we cannot say that anything above the common-places of hygiene are given, and in the style there are a constant disagreeable effort after effect, humor, and point, and a frequent interlarding of trite quotations, which detract very much from the merit of the book, and do not convey the impression of airiness and ease that they are aimed to produce.

Transactions of the Wisconsin State Medical Society, 1878. pp. 193.

Besides the usual proceedings and notices, this volume includes a number of well written papers. Dr. N. Senn's report on surgery is a concise review of the subject. Judicious papers on new remedies are given by Drs. F. H. Day and G. M. Steele. The Cheyne-Stokes respiration is illustrated by a case, and an explanation of it offered by Dr. C. Ottillie. Dr. G. W. Jenkins speaks of ergot as a remedy in rattlesnake bite, and relates the recovery of a case under its use. The medical literature of 1877 is reviewed by Dr. J. G. Meachem. Neurasthenia is the subject of a careful paper by Dr. James Brown. The medical treatment of croup is analyzed by Dr. A. W. Lueck; and cases of interest are reported by Drs. J. C. Davis, G. F. Hunt, George D. Wilber, E. B. Wolcott, H. P. Wenzel, R. M. Wigginton, H. Van Dusen, and others.

Health Primers. 1. Exercise and Training. By C. H. Ralfe, M.D. 2. Alcohol, its Use and Abuse. B. W. G. Greenfield, M.D. 3. The House and its Surroundings. 4. Premature Death, its Promotion or Prevention. New York. D. Appleton & Co. Price 40 cents each.

These are neat little 16mo volumes, of 80 or 90 pages each, reprinted from a series recently commenced in England, and intended to disseminate among intelligent grown-up people an elementary knowledge of the principles of sanitary science. Of course the sociological and climatic differences between American and English life diminish somewhat the directness of the teachings, and we should have preferred a series from the many competent hands at home. Nevertheless, the authors of these Primers are able and careful writers, and cannot but prove instructive.

Dr. Greenfield condemns the use of alcohol in health, as useless and dangerous. The writer on the prevention of premature death is statistically dry, but very suggestive. The instructions on the house and its surroundings are excellent, but the details are often not applicable to American domestic architecture. Dr. Ralfe, on exercise, is a trifle too physiological for the general reader; in other respects, excellent.

On Assimilation and Digestion, showing the different Solvent Juices and Fluids. By John Wesley Evans, M.D. Quincy, Illinois, 1878. pp. 112.

Dr. Evans (now of Vancouver, W. T.) believes that he has made the discovery that the function of the spleen is to elaborate and secrete the gastric juices; and this essay is written to discuss the general subject of digestion, with considerable reference to this hypothesis. It merits consideration from physiologists.

THE

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PATENTS, TRADE MARKS, AND COPYRIGHTS, AS APPLIED TO PHARMACEUTICALS.

Just how far physicians in their prescriptions, and editors of medical journals in their advertising pages, should endorse the efforts of pharmacists, remains an open question. There is neither unity of action nor of sentiment on the subject. In the best journals—that is, the most freely patronized by the regular profession—are to be found announcements, laudations, and certificates of various remedies of unknown composition, and, therefore, of an equivocal character.

Is this as it should be?

Are medical publishers so needy as to be willing or forced to barter their principles for the money paid for the advertisements? Or have they no principles?

These questions have recently been put to the American medical editors with renewed force. They have been urged upon them, not by physicians, at any rate, not only by physicians, but prominently by pharmacists; and the replies have been null or evasive. Medical editors of the most exalted sensibilities insert, and editorially notice favorably, statements of unknown compounds and secret preparations. They defend these preparations with strong language and hot blood, when occasion calls for it.

In fact, neither editors nor leading professional men in regular practice have, as a rule, the nerve to face their actions in this matter, acknowledge and defend them. Suppose a wealthy drug firm brings out an alleged "new remedy," of which, at any rate, the name is certainly new. This name, we will say, is, for example, wholly without significance, conveying neither description nor scientific meaning. The article may have merit, or may not. In either case it is easy to obtain lots of certificates and testimony to its manifold virtues, and these from respectable sources.

In what does such a course differ from a secret or patented remedy? If in any respect, it seems to us more objectionable. A patented remedy is not a secret one; the composition is written out and filed with the public records in the Patent Office. A secret remedy owns itself to be such; but in the case under consideration, a really secret remedy is pretended not to be secret, and this is deception. Take the way in which various botanical remedies have been introduced, in recent years. Damiana, for instance. This was alleged to be the native Mexican name of an indigenous plant, the supply of which was monopolized by one house. Damiana rapidly obtained endorsements of efficacy as an aphrodisiac, from very respectable sources. How? They exhibited it in connection with the best known and long approved tonics of the generative organs, and placed the patient on sound hygienic rules, and attributed the general good results to Damiana. When the results were not good, they were not reported. This is the same story in all cases. Have we forgotten Condurango so soon as to be ignorant of how the game is played?

The next step, after a certain amount of attention is excited, is to keep the market. This is done by declining to supply botanical specimens. Often this is on the ground that they are not obtainable; if, however, they are obtained, the assertion is made that the variety and place of culture of the article vended by other houses

deteriorate its value. This too is illustrated in the histories of damiana and condurango. Every effort was made to conceal the source and scientific position of these nearly worthless plants, so long as the demand was active.

Such is the history of the introduction of botanical remedies. Manufacturers who pursue this course receive the earnest support of worthy physicians and leading medical journals. The REPORTER has incurred the enmity of several regular medical journals, for exposing this sort of action, once in reference to Damiana, and once of later date. Yet, whatever the ethics of pharmacy may be, the ethics of medicine are against such means of introduction. Let journals advertise such drugs, if they please; we have nothing to say against this, because the editor cannot be responsible for statements about which he can know nothing; but let him keep his own pen from such muddy ink.

"But is this worse than praising such articles as lactopeptin, vitalized phosphates, and the dozen other pharmaceutical specialties which are advertised in the REPORTER pages, and praised in the REPORTER'S columns?" Such is the question thrust at us by the herb collector. We reply that it is, and for these reasons: many of these preparations owe their merits to special knowledge and skill in their manufacture, a skill which is meritorious and deserves reward, and which is in the proper sphere of the pharmaceutist. It is a part of his stock in trade, and he should profit by it. The man who makes a better essence of ginger or sugar-coated pill than any other man ought to enjoy long sales and large profits, on account of his ability, honesty, and skill. What is secret in such preparations is not the medicinal agent, but the method of combining and preparing it; and this is the business of the pharmaceutical manufacturer; the most sensitive physician has never refused to give quinine because POWERS & WEIGHTMAN reserve to themselves certain steps in the preparation of that alkaloid.

"But some of these preparations are *copyrighted!*" So they are, and we, for one, have heretofore taken the position, and now reaffirm it, that it is perfectly proper and right to use and advocate the use of copyrighted medicines. A copyright does not necessarily involve any secrecy; it simply is intended to prevent a standard and valuable preparation from being adulterated and falsified by unscrupulous imitators. Suppose a firm, by long, honest manufacture, has established a just reputation for a baking powder; the copyright prevents rascally imitators from selling their base mixture as that of the honest firm. On this very subject Dr. MOTT, of New York, the Government Analyst, very justly says, in a recent report in the *Scientific American*, "*the label and trade-mark of a well known and reputable manufacturer are the best protection the public can have.*"

That this opinion is not peculiar to ourselves, we could show by naming several prominent members of the American Medical Association, one a professor in a New York college, who own interests in copyrighted medicinal preparations.

Of course, the copyright may be abused; all we argue is that it may be beneficially used without abuse.

The correct ground of objection to nostrums, on the part of the profession, is that the *substance* or substances of which they are composed are unknown. These nostrums may be very excellent, in many cases; they often are; but being unknown their use cannot be defined. It is an absurd missing of the point to show that because a nostrum is valuable it should be recognized and used by the regular profession. Yet we have known even medical editors to commit this logical blunder, this *ignoratio elenchi.*

A second objection to nostrums is that they prompt to exaggerated and false praises; but this applies to every article, from real estate downward, that a man has to sell, and must be met by general principles of morality.

A third objection is that if their virtues are really so great their manufacture ought to be revealed in full, *pro bono publico.* This is sound, although it is not done in any branch of trade; and though it belongs to the theory of the

ethics of medicine, even there poor human nature often fails to achieve it; and were it carried out in pharmacy, it would generally fail, as the enormous and systematic adulteration of officinal drugs attest. It is a significant fact stated by Dr. SQUIBB, that the most careful drug buyers in the New York market are the manufacturers of certain popular patent medicines, and not the common run of druggists.

NOTES AND COMMENTS.

Therapeutical Notes.

GARGLE FOR ANGINA.

℞. Carbolic acid,
Tannin, each, 15 parts,
Alcohol, 60 "
Distilled water, 120 " M.

SIG.—A teaspoonful in half a glass of water, once a day.

This gargle is greatly employed in Russia and in the Russian colony at Nice. It is of great service in commencing angina, and in all chronic irritations of the throat.—*Rév. Méd.*, Dec. 2.

WARTS TREATED BY CHROMIC ACID.

Three or four applications suffice to cause the disappearance of warts, however hard and thick, and of whatever size. The application causes neither pain, suppuration, nor cicatrices, the only inconvenience being that the warts become of a blackish-brown color.

Analogies between Plants and Animals.

In 1875 Mr. Darwin published his work on *Insectivorous Plants*, in which he ascertained the fact that a number of species, having elaborate structures adapted for the capture of insects, utilize the nitrogenous matter which these contain, as food. Mr. Darwin's last work, *On the Different Forms of Flowers*, contains new matter of great importance in reference to the behavior of polygamous plants, and on cleistogamic flowers. Of special interest are Dr. Burdon-Sanderson's investigations on the exceptional property possessed by the leaves and other organs of some plants, which exhibit definite movements in response to mechanical, chemical, or electric stimuli. Lately, Dr. Burdon-Sanderson has found that the correspondence between the exciting process in the animal tissues and what represents this in plant tissues appears to be more complete the more carefully the comparison is made; and that, whether the stimulus be mechanical, thermal, or electrical, its effects correspond in each case.

The Profession in France.

French doctors have just as much to contend with as those of this country. A writer in a London journal says that two francs (thirty-nine cents) is the invariable fee which village doctors put down, per visit, when sending in their bills at the end of the year. Even these bills often give rise to the sorriest haggling, for there exists a crooked opinion among the French peasantry and working classes, that a physician should reward himself as a philanthropist, and pay his butcher's bills with the mere thanks of his patients. A country doctor attends a prosperous peasant proprietor, day after day, for weeks, supplies medicines, effects a cure; and at the end of the year is treated as an extortioner because he has charged a sum which will barely pay for the wear and tear of his horse and gig. Some doctors draw a regular salary from a medical club; but these are the worst used of all, for every member of the club feels bound to take out five or six times the value of his subscription in doctor's visits, even if he have nothing the matter with him.

Yet, in spite of this, medical competition is urgent and unfair. It is no uncommon thing for a young physician of some private means to endeavor to make himself popular by refusing fees and supplying medicines—nay, sometimes wine, cigars and warm clothing—looking to the future to repay him.

The Length of the Fœtus.

Dr. Delabout, of Rouen, has found out a rule for conveniently remembering the length of the fœtus, according to its age, which, although only indicating the means, is applicable to the great bulk of cases. For the first six months of intra-uterine life the length at different ages is indicated in centimeters, by the square of the numerical figure of the corresponding month. At the end of the first month the fœtus measures one centimeter; the second month, four; the third month nine; the fourth month, sixteen; the fifth month, twenty-five; and the sixth month, thirty-six centimeters. For the three last months the increase is from four to five centimeters per month. So that at the seventh month it is forty centimeters; at the eighth month, forty-five; and at the ninth month, fifty centimeters.

Correspondence.

The Value of Morphia Hypodermically in Convulsions from Reflex Irritation.

Ed. Med. and Surg. Reporter:—

Never having seen any allusion, either in books or medical journals, respecting the use of morphia hypodermically in convulsions from reflex irritation in children, is my apology for asking a space in your columns to lay the following facts before the medical profession.

On the 23d of January, 1879, at 12 M., I was hastily summoned the second time (being engaged professionally at time of first summons) to see a little child of two summers, that had been lying in continuous convulsions for three hours. The condition of the child, as near as I could understand from the parents, was as follows: For two days it had been cross and peevish; no fever; bowels constipated, abdomen tympanitic, sleep rather disturbed, appetite good; child up and running around as usual; this morning ate but little breakfast and complained of being sick; asked to go to bed, and soon after was taken with convulsions, which soon passed off, and the little fellow fell asleep. In an hour after he was up, running around as usual; shortly after he was taken with another convulsion, which lasted over three hours without intermission, during which time I was called to see him. Found him bathed in cold sweat, pulseless at wrist, frothy, tenacious phlegm exuding from the mouth and nostrils, abdomen tympanitic, pupils rather dilated, but responded to light; deglutition arrested. Treatment—Mustard bath for ten minutes, spine rubbed freely with

℞.	Ol. rosmarini,	f. ℥ iss	
	Chloroformi,	f. ℥ ss	
	Tr. opii,	f. ℥ ss.	M.

Enema of warm Castile soapsuds, with 30 drops turpentine. Bowels responded, and a copious evacuation followed; but without any apparent relief perceptible. I concluded, to relinquish my efforts would be to let the child die; and under the solicitations of an almost heart-broken mother, to relieve her child of those horrible convulsions and let it die in peace, I concluded to use morphia hypodermically. So I injected gr. $\frac{1}{16}$ immediately over the deltoid muscle, and to my great surprise and delight, in a few minutes the convulsion ceased, and the child soon fell asleep. I saw it again in two hours, and was informed that it had not wakened. It was breathing normally and bathed in warm sweat, pulse full and regular, about 90 per minute. Ordered perfect quiet, and to report its condition in six hours, at expiration of which time a messenger called, saying the child was still sleeping. Ordered beef tea to be given on awaking, and followed by two grains potass. bromide every two hours, if restless.

24th, 9½ A.M. Had awakened after six hours' refreshing sleep; took beef tea, and soon fell asleep, and did not awaken again until morning; ate some breakfast; general appearance good; pupils normal; pulse regular, full, and 90 per minute. After treatment simple and recovery rapid.

Case 2.—Aged 15 months; was taken with convulsions about noon of 30th inst., and having had convulsions several times before, the mother was tardy in calling on me, and did so only after it had had eight spasms. When I saw it first the pupils were somewhat dilated; pulse over 100 per minute, and feeble; bowels constipated; abdomen tympanitic; stools clay-colored. Treatment: Ordered enema of warm Castile soapsuds with castor oil; warm mustard bath for ten minutes, and—

℞.	Hydrarg. chlorid. mitis,	gr.ij	
	Ext. colocynth co.,	gr.iv	
	Sach. albi,	gr.q.s.	M.

Ft. ch. in No. iv.

Sig.—One every two hours.

℞.	Chloroformi,	f. ℥ ss	
	Tr. capsici,	f. ℥ ss	
	Tr. opii,	f. ℥ ss	
	Ol. rosmarini,	f. ℥ iss.	M.

Sig.—Rub spine freely every half hour.

31st, 9¼ A.M. No better; had had 18 convulsions through the night; bowels had been moved 4 times; stools composed largely of mucus and very offensive; pulse 120 per minute; pupils dilated. I witnessed the 19th convulsion, which lasted about 15 minutes, after which I concluded that if they were continued much longer they would prove fatal. So I decided to try morphia hypodermically, and used gr. $\frac{1}{24}$, as in first case, and to my delight the child soon fell asleep, and slept 4 hours, when it awoke and took some wine whey, and again fell asleep, and slept about 8 or 9 hours.

February 1st, 1879. Child bright and playful. Ordered oil to move bowels, and—

℞.	Hydrarg. cum. creta,	gr.x	
	Subnit. bismuthi,	gr.vj.	M.

Ft. ch. in No. xii.

Sig.—One every four hours.

Recovery equally rapid and satisfactory as the first case.

S. L. West, M.D.

Wilmington, Delaware.

A Case of Diabetes Mellitus.

Ed. Med. and Surg. Reporter:—

November 15th, 1878, I prescribed for the wife of Mr. T., aged fifty. An intelligent description of the case led me to suspect diabetes, for which I prescribed—

℞.	Fl. ext. ergotæ,	f. ℥ x	
	El. ext. nuc. vom.,	f. ℥ ij	
	Fl. ext. belladonnæ,	♏xc	
	Fl. ext. colchici,	f. ℥ iij	
	Syr. ferri iodid.	♏ccx	M.

Sig.—Take forty drops in one tablespoonful of water, at 8 and 12 A.M., and 4 and 8 P.M., daily. Reduce dose if it nauseates, vomits, or dilates the pupil of the eye too much.

Nov. 20th. Saw her. Quantity of urine in twenty-four hours, at the beginning of treatment, nine pints, with no interval of urination longer than thirty minutes. Now reduced to four pints, and up but twice at night. Morning urine found,

by Fehling's test, to be heavily loaded with sugar. Treatment continued for one week. General health and comfort much improved. No reduction in quantity of sugar. Referring to article of Dr. T. Curtis Smith, of Middleport, Ohio, in COMPENDIUM, January, 1878, I put her at once on sulphide of calcium, in three-grain doses every three hours while awake, with diet of sweet milk, eggs, fresh meat and fowl, and light bread. Prescribed also a good carpet for the floor of her room. Week by week a gratifying reduction was seen in the amount of sugar. Jan. 14th 1879. No trace of it could be found, and she remains in health to this date, Feb. 11th.

Gainesville, Ala. E. H. SHOLL, M.D.

Lecture Courses to Graduates.

ED. MED. AND SURG. REPORTER:—

Some time since I saw a call or two in your columns, from country physicians, pleading for an organized course of clinical and other lectures, adapted to their special wants. From my own individual experience, and from my acquaintance with the country physicians of this State, I know that we are ready to freely patronize a well considered and properly arranged course on the part of the clinical lecturers and professional teachers of medicine. The difficulty in getting such an enterprise successfully launched consists in ignorance on the part of both the city and the country physician as to the need of the latter and the opportunities of the former to meet them. In general terms, such a course should be one which would supplement the deficiencies of former methods of instruction, embracing a careful presentation of the progress of the last twenty or twenty-five years. To be a successful course of study, it should fully occupy the time of its attendants about three months every year, and should be completed in one session, if possible; but any way, to be successful pecuniarily, it should be *thorough*. To the enterprising among the professional teachers who wish to distinguish themselves and reap a rich pecuniary harvest, I am sure the proper management of such a scheme is full of promise. GEORGE COWAN, M.D.

Danville, Ky.

NEWS AND MISCELLANY.

The Russian Plague.

Dr. Woodworth says, in his last report:—

From the reports of the American diplomatic agents and other official sources, sufficient facts have been gathered to strongly establish the probability of the epidemic disease prevailing in Southern Russia being a limited, but very virulent, outbreak of *plague*, and not simply malignant typhus, as stated in the first official reports of the Russian medical officers. True plague has prevailed for two years in portions of Persia that were in constant communication with the villages of Astracan, where the disease first appeared. The report of the chief medical officer of Astracan states that an intermittent fever, accompanied with suppurating glandular swellings, prevailed at Wetlyanka, in November, 1878. The tendency of the disease was toward recovery up to December 1st, when the fever assumed a malignant paroxysmal type, causing death in from twelve to forty-eight hours. Up to December 1st the mortality averaged nearly 50 per cent., then rapidly increased, until, on the 29th, it had attained 100 per cent., death resulting in every case. The most approved treatment was employed without benefit. Nearly all who came in contact with the sick died, including seven army surgeons, the priest, the nuns who nursed the sick, and the Cossacks who buried the dead. Early in January the government established a military cordon around the infected villages in the valley of the Volga. Up to February 1st no authentic cases had been reported outside of this district. The Governor of Astracan has been directed to burn the infected places, if necessary, the inhabitants to be removed to other quarters within a quarantine circle, and compensated. The German and Austrian governments have prohibited the importation of skins, furs, and rags from Russia, and railroad cars arriving from thence are disinfected at the frontiers. At the last official advices the virulence of the disease was diminishing at all the infected points.

The *Golos*, a leading St. Petersburg paper, on February 25th announced the presence of the plague in St. Petersburg. Its sale was forthwith prohibited, but the *Official Messenger* states that a boatman there is suffering from a slight attack of the Astracan disease. Himself and forty-eight of his associates have been isolated and their effects disinfected or burned.

On account of the extremely virulent and contagious character of the disease that has prevailed in Southern Russia, and the evidence pointing to its introduction from the east by commercial traffic, it is recommended that the health authorities of American ports exercise a close supervision over the importation of rags and similar substances, known to be effective carriers of contagion, arriving on ships from the Black Sea and Mediterranean ports.

The Russian government has offered special privileges to such among the medical students as will volunteer to offer their services to the medical men in the localities where the plague prevails.

The Metric System in this Country.

At a meeting of the Delaware county, Pa., Medical Society, Feb. 6th, Dr. Linnæus Fussell delivered a lecture upon the metric system of weights and measures, making the system clearly understood by the help of illustrative charts and models, and the actual weights and measures, He urged the members of the Society to familiarize themselves with the system, and to use it whenever they had occasion to measure and weigh, and to do all in their power to hasten the adoption of the system, giving arguments showing the advantages of the system and the need of such action by physicians.

Resolutions were then moved by Dr. I. N. Kerlin, and carried, recommending pharmacists to acquaint themselves with the system, and that the school authorities of the county be urged to introduce the use of it in common schools.

The Public Health.

We take the following facts from the last weekly report of the Surgeon General U. S. Marine Hospital Service, for the week ending February 22d:—

Philadelphia.—Week ending February 22d. Total deaths 353. Annual ratio 21.2. Enteric fever caused 10 deaths, scarlet fever 7, diphtheria 15, whooping cough 4, acute pulmonary affections 55, phthisis 55. "Pulmonary affections prevalent, diphtheria increasing."

Island of Bermuda.—In a population of 15,300 during the *six weeks* ended February 18th, there were 15 deaths, over 50 per cent. being of persons over 80 years of age.

Havana.—Week ending February 22d. Yellow fever caused 1 death, smallpox 13.

Smallpox is very prevalent in Cuba, Brazil, Dublin, London, St. Petersburg, and the ports of India, and less so at Buda, Pesth, Vienna, Paris, Barcelona.

The Spanish quarantine authorities report that cholera exists and is increasing in Turkey and Asia.

Dental Caries.

M. Maurel, at a recent meeting of the Sociétié de Biologie, in Paris, communicated the result of his observations on caries of the teeth. He ascribes this affection to the effect of acidity, the absence of salts in certain kinds of water, and to ethnical influences. He has studied the disease in different races, and found that among the Ethiopians the proportion of decayed teeth is 1 to 4; among the Europeans, 1 to 9; and among the Coolies, 1 to 52.

Items.

—The British *Medical Journal* says, "We are glad to see, from one of a series of clinical lectures now in course of publication as they are delivered in America by leading surgeons, that the antiseptic method of treating wounds is likely to effect as great a reform in surgery in that country as it has here and on the continent."

It is fair to add to this that the antiseptic treatment is under examination by American surgeons, but has by no means met with unanimous approval. The most successful ovariotomist in the world, Dr. Thomas, of New York, *does not use it.*

—The Reedville, N. C., *Times* has the following: Aunt Phillis, an old negro woman, living at Biggus Powell's, six miles below Yanceyville, has just given birth to twins. Phillis is sixty years of age. This remarkable old woman stoutly persists that they had no father. There is an excellent mineral spring on Mr. Powell's land, and the old woman insists that it all came from drinking Mr. Powell's mineral water.

—Dr. H. Beigel died on the 8th of January, in Vienna. After living for several years in England, he returned to Germany, and went thence to Vienna, where for some time he was superintendent of the Maria-Theresa Hospital. He was the author of several gynecological books.

QUERIES AND REPLIES.

Correction.—In the formula for salicylic acid, given on page 154, the amount of the acid should be one ounce instead of one drachm.

Dr. T. J. G., of Ind.—"Will some of the numerous readers of the REPORTER please give the best surgical and therapeutical treatment of cystocele."

ED. REPORTER:—On glancing over your recent issue, February 22d, p. 176, you say "there is no bisulphate of mercury in pharmacy." It is true it is not officinal in the U. S. P., but no very well regulated pharmacy is without the salt known as the above. It is a white, generally granular powder, produced by the action of boiling sulphuric acid upon mercury in the atomic proportions to form the said bisalt. It is used in making corrosive sublimate. L. E. S.

Mr. Editor:—I have under observation a convalescent case of pleuro-pneumonia. The heart's action shows 50 beats to the minute instead of 75 (the normal pulse of the patient). What is the matter? What is the pathology? The youth is 15 years old; strumous habit, but vigorous and comparatively healthy; suffered several weeks with pleuro-pneumonia. There seemed to be no effusion in the pleural sack. The substance of the lung was highly inflamed; the pleura sympathized; sounds of the heart are normal, and have been; position correct. Case yielded to counter-irritants, alteratives and tonics; no digitalis or veratrum viride used. The slowness of the heart's action is the source of uneasiness. Will some of your readers please enlighten the writer?

The above inquiry is made for information that is not obtainable from the ordinary text books. I know no authority that accounts for the slowness of the heart's action, aside from cardiac paralysis or compression and concussion of the brain, and this case is neither; he is slowly and surely improving, and recovery will be complete. J. W. C. O'NEAL.

MARRIAGES.

BURNETT—FRICK.—At the residence of Mr. H. S. Anable, Long Island City, February 13th, 1879, by the Rev. C. M. Anable, D.D., of Springfield, Mass., assisted by the Rev. D. Henry Miller, D.D., of Brooklyn, N. Y., Dr. Wm. J. Burnett and Clara E. Frick, sister of Mrs. H. S. Anable.

FOCHT—DAY.—On Thursday, January 30th, 1879, at the residence of the bride's father, by the Rev. S. I. McKee, of Lockport, Ill., Dr. Luther M. Focht, M.A., of Verona, Ill., and Miss Fannie M. Day, of Lockport, Ill.

HAILEY—BLACKMAN.—In Nashville, Tenn., February 5th, at the residence of Dr. W. C. Blackman, Capt. A. B. Hailey, of New Orleans, and Miss Jessie Maxwell Blackman.

DEATHS.

BLEILER.—At Union Station, Lancaster county, Pa., on February 23d, 1879, of membranous croup, Milton Oliver, son and only child of Dr. Peter O. and Emma L. Bleiler, aged 1 year, 6 months and 8 days.

MARSH.—At No. 18 West 24th street, New York, February 13th, of scarlet fever, Nellie E., only child of Alice W. and E. T. T. Marsh, M.D., aged 3 years and 5 months.

STEPHENSON.—In New York, on Saturday, February 15th, Mary E., widow of the late Dr. Mark Stephenson, in the 70th year of her age.

TOWNSEND.—At Glen Cove, Long Island, on Friday, February 14th, 1879, Margaret E., wife of James C. Townsend, M.D., in the 70th year of her age.

THE

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Communications.

SEX, AND THE CAUSES OF MORTALITY.

BY T. S. SOZINSKEY, M.D., PH.D.,
Of Philadelphia.

In the study of mortality statistics it is interesting to note and compare the number of deaths of either sex, from each cause. In systematic treatises on practical medicine, some remarks, more or less vague, on the bearings of sex on disease may be found; but the subject has not, I believe, received the amount of attention which it deserves. Every physician knows, of course, that a number of diseases are peculiar to either sex; but very few, probably, regard sex as a factor worthy of serious consideration in studying the origin and course of diseases in general, and in the selection and administration of remedies. However, the unlikeness of the sexes in physique, mental constitution and method of life should have at least a perceptible effect on the mortality of either from particular causes. I will proceed to gather some facts bearing on this subject, from the volume on vital statistics, of the Report of the Census of the United States, taken in 1870, and statistics furnished by the Health Officer of the city of Philadelphia. The census returns of deaths are doubtless incomplete, but they may be taken as reasonably exact, so far as the relative number of males and females, from individual causes, is concerned. It will be understood that the Philadelphia statistics given are for the year 1877, a year in which they are, in nearly all respects, fairly representative in character.

The following table gives the percentage of deaths of males and of females, from the various classes of causes, in the United States, for the year ending June 1st, 1870:—

Causes.	Percentage of Deaths. Males.		Females.
General diseases A	18.24		20.49
General diseases B	17.42		20.96
Local diseases—			
Of nervous system	12.88		11.62
Of circulatory system	3.47		3.44
Of respiratory system	13.53		12.40
Of digestive system	15.26		14.77
Of urinary system and organs of generation	1.35	*urin. sys.*	.51
		or. of gen.	.58
		in preg.	2.07
Of locomotory system	.49		.38
Of integumentary system	.60		.51
Conditions not general or local	5.63		5.96
Poisons	.67		.25
Parasites	.20		.23
Malformations	.074		.07
Accidents and injuries	6.72		2.25
Unknown causes	3.42		3.52

General diseases A consist of the various fevers and other acute diseases; and general diseases B consist of diseases which are more or less chronic in nature. Of these two classes it will be noticed that a smaller percentage of males than of females die of the first, and that the reverse is true of the second. I may remark that in the first class one disease which is special to females is given; it is puerperal fever, and 82 per cent. of deaths of females are attributed to it. It is a little surprising that the difference in the percentage of the deaths of the sexes from acute diseases of a zymotic character is so little; for it is likely that more females than males contract them, on account of being more exposed to them when present. The figures afford some ground for the belief that these diseases, as a

whole, are more fatal in females than in males. I will give the percentage of deaths of either sex from a few prominent diseases of the class:—

Diseases.	Males.	Females.
Measles	1.76	2.00
Scarlet fever	3.95	4.32
Typhoid fever	4.38	4.45
Diphtheria	1.18	1.40

In Philadelphia the percentages from these diseases in either sex are as follows:—

Diseases.	Males.	Females.
Measles	.40	.45
Scarlet fever	2.26	2.47
Typhoid fever	3.40	3.36
Diphtheria	2.31	3.44

It is seen that from each of these four diseases a greater percentage of females than of males die in the country at large; and the same statement holds good in Philadelphia, save in the case of typhoid fever. Usually there is a slightly greater percentage of the deaths of females than of males from typhoid fever in Philadelphia. Diphtheria is accountable for far more of the deaths of females than of males, especially in the city. It is remarkable how many more deaths are due to measles in the country, as a whole, than in the city.

Turning now to the second class of general diseases, it is noticed that it is considerably more fatal to females than to males; but of notable diseases of it, rheumatism, gout, syphilis and scurvy cause a greater percentage of the deaths of the latter than of the former. The following are the percentages of mortality of either sex from leading diseases of the class:—

Diseases.	Males.	Females.
Consumption of lungs	13.03	15.52
Cancer	.88	1.65
Rheumatism	.63	.53

In Philadelphia the percentages of deaths of either sex from these three diseases are as follows:—

Diseases.	Males.	Females.
Consumption of lungs	14.04	15.36
Cancer	1.18	2.95
Rheumatism	.13	.26

Here we see that a greater percentage of the deaths of females than of males from each of these diseases occurs in the city, and also in the country at large, save in the case of rheumatism. The percentage of the deaths of males from consumption is greater in the city than in the country at large, but the reverse is so in the case of females—a striking fact. Cancer is far more fatal to females than males, and to both in the city than in the country at large. This terrible disease is destroying, from year to year, an increasing number of lives, especially in cities. It is strange that cancer of the stomach is much more frequent in males than in females; the proportion in Philadelphia is three in the former to two in the latter. I may remark that the uterus is the part of the female most liable to be affected with cancer; next the breast, next the stomach, and next the liver; while in the male the stomach is the most liable to become affected, and the liver next. Rheumatism is accountable for far more deaths in the country at large than in the city, especially in males.

Passing now to local diseases, it is noticeable that diseases of the nervous system carry off a greater percentage of males than of females. This is the reverse of what one might expect, for the nervous system of woman is, as a rule, more highly developed and impressible than it is in man, and her method of life is generally more enervating than is his. Sunstroke and tetanus destroy a considerably greater percentage of males than of females; but the reverse is true of disorders of the intellect. In the country at large, the sunstrokes of males are nearly seven times greater in number than of females; which arises from the greater exposure of the former to the inciting causes; while in Philadelphia the proportion is 3 to 1. The deaths of males in the country at large, from tetanus, are a little less than twice the number of females from it; while in Philadelphia the proportion is 13 to 1.

The percentages of the deaths of the sexes from diseases of the circulatory system differ but little; far less than one might expect. Valvular diseases, and notably aneurisms, are more common in males than in females.

Diseases of the respiratory system destroy more males than females, which doubtless arises from the fact that the former, in their daily avocations, are more exposed to the causes which produce them than are the latter. The following are the percentages in the three leading diseases of the class:—

Diseases.	Males.	Females.
Pneumonia	8.57	7.62
Croup	2.22	2.11
Bronchitis	.84	.79

In Philadelphia the percentages for these diseases are—

Diseases.	Males.	Females.
Pneumonia	5.59	4.89
Croup	2.11	2.11
Bronchitis	1.97	1.78

Bronchitis is a mild disease in comparison with pneumonia, but not so markedly so in the city as in the country at large.

Digestive diseases, as a whole, are more destructive to males than to females; but a slightly greater percentage of the deaths of females than of males is caused by teething, and the same is true of several diseases of minor importance. The following are the percentages of deaths of the sexes from the four leading diseases of the class:—

Diseases.	Males.	Females.
Cholera infantum	4.12	4.10
Diarrhœa	2.99	2.77
Enteritis	1.89	1.77
Dysentery	1.63	1.57

In Philadelphia the percentages for these four diseases are as follows:—

Diseases.	Males.	Females.
Cholera infantum	6.34	5.88
Diarrhœa	.78	.76
Enteritis	2.38	1.98
Dysentery	.51	.47

All these diseases are more destructive to males than to females, in the city, as well as in the country at large. The amount of cholera infantum in the country at large is not so much less than it is in the city as one might expect; still the difference is considerable.

I need not dwell on diseases of the urinary system, only to remark that Bright's disease causes about a third more deaths in males than in females.

Passing over diseases of the locomotory and integumentary systems, as not calling for any special comments, I come to conditions not necessarily associated with general or local diseases, of which there are three, viz:—still-born, old age, and debility. The number of still-births of males is much greater than it is of females; in the nation at large the proportion is 140 of the former to 100 of the latter; and 132 of the former to 100 of the latter in Philadelphia—a little less than the average for a series of fifteen years, which is 136 to 100. The percentage of the deaths of males in the country at large, from old age, is 1.33, and of females, 1.85; and in Philadelphia, 2.42 per cent. of the deaths of males, and 5.36 of females, are attributed to the same indefinite cause. The percentage of either sex from debility is nearly the same.

Poisons cause a larger percentage of the deaths of males than of females, and the same is true, in a less degree, of malformations, but the reverse is true of parasites.

Accidents and injuries do not cause a greater number of the deaths of males than of females than ought to be expected, from the greater exposure to them of the former in their daily avocations. Homicide in males is over 12 times more frequent than it is in females, and the male suicides outnumber the females three times over—a very good showing for the weaker sex. Of the 1060 male suicides, 237 resorted to fire-arms, 109 cut their throats, 76 drowned themselves, 304 hanged themselves, 128 resorted to poisons, and 206 committed the fatal act in ways not specified; and of the 285 female suicides, 14 resorted to fire-arms, 24 cut their throats, 43 drowned themselves, 66 hanged themselves, 75 resorted to poisons, and 63 committed the act in ways not specified. The homicides in Philadelphia are 6 of males and 5 of females, and the suicides 49 of males and 10 of females.

I have now gone over the various classes of causes of mortality, and although both interesting and instructive, it cannot be said that the examination as a whole is as satisfactory as one could wish it were. There are so many circumstances at play to modify the liability to and severity of diseases in either sex, that it is almost, if not quite, impossible, from a study of the causes of the mortality of the sexes, to form a clear, definite idea as to the precise influences of the various peculiarities connected with sex on the contraction and the fatality of each and every disorder; but the various circumstances which tend to prevent or to favor the occurrence of disease and injury, and to add to or diminish their severity when present, are practically part and parcel of the sexes. In conclusion I may say that it would be very desirable to know the number of either sex attacked by each disease, particularly of the zymotic class, as well as the number of deaths from each, but it is impossible to hope that legislation will ever enable us to obtain this information, even in cities.

THE REUNION OF DIVIDED TENDONS IN OPEN WOUNDS.

Read before the Æsculapian Society of the Wabash Valley, May, 1878,

BY J. D. MITCHELL, M.D.,
Of Terre Haute, Ind.

June 5th, 1876, I was called to see H. Reimen, German laborer, aged 35 years. While mowing, some part of the harness became disarranged, and stopping his team, he stepped down in front of the sickle, to adjust it, and while leaning forward the horses moved up, causing the sickle to completely sever the tendo-Achillis, about an inch above its insertion into the os calcis, passing through the external malleolus; and of course the tendon of the peroneus longus and brevis. The wound ranged slightly upward, and from a point midway between the internal malleolus and the

tendon, through the external malleolus, leaving the articulation of the tibia and astragalus exposed. The ligaments of the joint were in no way injured. The foot was flexed upon the leg, leaving the wound gaping open two or three inches. The part of the external malleolus cut off was loose, and could have been easily detached. No arteries were wounded, and consequently there was but little hemorrhage. His friends had filled the wound with tobacco, cotton cloths, and applied cold water freely. I thoroughly cleansed the wound, and not having any silver wire with which to bring the ends of the tendons together, the wound was dressed in the following manner: The foot was extended to its full extent, and held in this position by the application of long adhesive straps, passing over the sole of the foot and heel, and up and around the leg, the calf being pressed downward as much as possible as they were applied, the leg being slightly flexed. Three interrupted sutures were placed in the external portion of the wound, to close up an opening caused by a portion of the skin being cut off by the strokes of the sickle. A roller bandage was firmly applied, from the toes to the knee, and a splint, with a foot-piece attached to fit the sole, applied to the inside of the leg and foot, to hold it straight, as it was inclined to turn inward.

As my object in the report of this case is not so much to give the treatment of the case in question, as to inquire whether tendons do reunite in open wounds or not, I would only say further, as to the treatment, that these appliances were removed every five or six days, and the limb thoroughly cleansed with carbolized water; and at the end of three weeks I applied the starch bandage, leaving off the splint. At the end of four weeks the starch bandage was removed, and a simple roller applied around the ankle. There was considerable swelling of the ankle, and discharge of sanious fluid from the wound, for several days, but no pus whatever. The patient was allowed to walk about on crutches at the end of five or six weeks, and directed to bear considerable weight on his lame foot. He gradually recovered the use of his foot, and when I saw him last, about eight months after the injury, he had nearly as good use of it as of the other.

In this case there is every reason to believe there was complete reunion of the fragments of the tendon. I related the case to Dr. Ezra Read, an aged and prominent practitioner of this city, a few days after its occurrence, and he gave as his opinion that the tendon would not unite. Dr. J. E. Link visited the case with me a few days after the first dressing, and it was decided not to remove the appliances. He expressed his doubts as to whether the treatment would result in the union of the fragments of the tendon or not. Robert Sterrett, medical student, assisted me in dressing the wound at my first visit. The sickle had passed fully an inch beyond the tendon.

Prof. Gross, in his work on surgery, says: "When a tendon is divided in an open wound, there is rarely, if ever, any spontaneous reunion, for the reason, first, that the ends retract too far to admit of thorough adjustment, and secondly, the wound nearly always suppurates, an occurrence highly inimical to adhesive action. All the earlier operations for tenotomy that were performed according to this principle failed, in consequence of the violence of the resulting inflammation."

He further says, "the treatment of a divided tendon, then, with an open wound, is very different from that where a wound is subcutaneous. In the latter the application of a bit of adhesive plaster to the puncture, to exclude the air, and a little attention to rest and position, make up the sum total of the surgeon's duty." "In the former, on the contrary, the cut ends must be carefully approximated by the silver wire suture, the remainder of the wound being firmly closed; or the limb with which the tendon is connected must be placed in the most thoroughly relaxed position possible, in order to approximate its extremities, and thus afford them an opportunity of reuniting, an occurrence, however, which will certainly seldom take place under any circumstances, however propitious."

Cooper, in his Surgical Dictionary, says, "Both in a wound and the rupture of the tendo-Achillis, the ancient method of using a suture for keeping the ends of the tendon in contact is at present quite exploded, and position of the limb is the great agent by which the cure is now universally accomplished."

According to Prof. Gross, divided tendons in open wounds seldom unite, on account of the violence of the inflammation, and the consequent suppuration. This case certainly was one in which such a result might be looked for, if it is so likely to happen in such wounds. The probability is that the ends of the tendon were very closely, if not fully approximated. This was inferred from the much wrinkled condition of the skin immediately above the wound at the time of adjustment, and the failure to detect any considerable vacancy between the ends of the tendon.

The question, then, may be asked, is the di-

vision of the tendons in open wounds followed by reunion as the rule, or only as the exception? Is the reunion so liable to be prevented by inflammation and suppuration as Prof. Gross would have us believe?

A CASE OF SYMPATHETIC OPHTHALMIA, WITH REMARKS ON THE EXCITING CAUSE OF THE DISEASE.

BY DANIEL B. D. BEAVER, M.D.,
Of Reading, Pa.

Sympathetic ophthalmia, in its rarer forms, is a disease of such infrequent occurrence in the experience of the general practitioner, and yet of such grave import, that it seems desirable to place upon record reports of cases. If they answer no other purpose, they may serve as reminders of the occurrence of the disease in the particular manner which they detail. With this end in view, the following report of an interesting case is offered:—

J. S. received an injury in the left eye in the summer of 1867, which was followed by loss of sight and atrophy of the ball. This eye was very painful, and the other unnaturally sensitive to light, for several months after the injury. The sight of the right eye, however, was not impaired. The pain and inflammation in the left gradually disappeared, and both remained free from uneasiness until January, 1878. Then, without apparent cause, he began to have periodic attacks of slight pain in the left eye, which generally came with changes in the weather. About the beginning of February the pain in the left eye would occasionally shift to the right; and at this time the vision of the right eye began to be impaired during the paroxysms of pain, whether they affected the one or the other eye. During the absence of the pain the sight would improve, to become again impaired with its next return; but after a number of obscurations and partial recoveries the sight remained permanently impaired, to such a degree that the patient was compelled to quit work. After being in this condition about a month, he presented himself, on the 8th of May, to me, for treatment. At this time the atrophied eyeball was painful to pressure, especially over the ciliary region, but there was no external sign of inflammation. The right eye showed a phlyctenula on the conjunctiva, which was the only sign of disease about it. V. $= \frac{20}{100}$; the pupil was normal; the ciliary region not abnormally tender to pressure; tension normal, and the field of vision not contracted. The pain in the eye was not severe, and had not been so at any time. With the ophthalmoscope, the fundus appeared somewhat indistinct, as though veiled with a very thin, grayish-white film, especially around the disk and along the blood vessels. The retinal blood vessels appeared slightly distended, but as there was no pulsation visible, and no second eye to compare with, this observation may not be correct. The patient's general appearance showed anæmia.

He was advised to have the atrophied left eye removed at once, but he would not consent. A course of medical treatment was then instituted, which was begun with a brisk purge, and counter-irritation to the nape of the neck. Then he was given two grains of iodide of potassium, with ten drops of syrup of iodide of iron, three times a day. He was also directed to drop a solution of atropine in both eyes, and stay in a dark room. His bowels were kept soluble with laxatives. This treatment was continued three weeks, without any improvement. After this loss of time, and useless medication, the patient agreed to have the eyeball removed. Accordingly, then, on the 28th of May, the writer enucleated it.

During the week following the operation no medicine was given, excepting an opiate at bedtime, and an occasional laxative, with the intention of ascertaining as near as possible the unaided effect of the enucleation. At the end of one week after the operation there was manifest improvement in the sight. On June 11th, V. $= \frac{20}{40}$; on the 14th, $\frac{20}{30}$; and July 15th, $\frac{20}{20}$. His sight has continued good to this date, February 14th, 1879.

The extirpated eyeball was very much atrophied, especially in the antero-posterior diameter. The cornea was almost entirely lost, evidently from suppuration, and what little corneal tissue was left occupied a small central depression in the otherwise flattened anterior surface of the ball. The cavity of the ball was filled with liquid, there being left no trace of either vitreous humor or crystalline lens. The retina, in its whole expanse, was detached from the choroid, and closed upon itself like the cloth of a closed umbrella, and thus extended from the optic disk to the ciliary body, at a point over the insertion of the inferior rectus muscle, where it was firmly attached by a dense inflammatory exudation. There were also bands of inflammatory exudation matter, which extended from this point to other portions of the ciliary body. The choroid was adherent, in all its parts, to the sclerotic. There was no foreign body in the ball.

Here was, then, the ciliary body entangled in and pressed upon by a mass of inflammatory exudation matter, and the retina, the prolongation of the optic nerve, bound down permanently by its extremity, in an abnormal position.

These anatomical changes naturally lead us to inquire as to the part these most sensitive structures may have played in the causation of the sympathetic disease; but it is not our intention to enter into the mazes of the theories and speculations that have, from time to time, been advanced on this point.

The most commonly received opinion at the present day is, that the disease is transmitted to, or excited in, the second eye, either through the ciliary nerves or the optic nerve, the weight of authority being in favor of the ciliary nerves. A few authors implicate the sympathetic with the optic and the ciliary branches of the fifth, and tell us that the irritation may be effected by the action the optic nerve has on the sympathetic through the trigeminus. The ciliary nerves, as is well known, comprise three kinds of fibres, motor, sensory and sympathetic.

In this case the ciliary branches of the fifth nerve were probably the first link in the chain by which the morbid process connected the two eyes. This view is supported alike by the clinical history and the anatomical changes in the enucleated eyeball. In the primary injury the cornea, iris and lens were wounded, which led to swelling and disintegration of the lens, and inflammation of the cornea, iris and ciliary body. The inflammation continued several months, extended to the choroid, retina and vitreous body, and caused liquefaction of the vitreous, complete separation of the retina, atrophy of the eyeball, and finally, adhesion of the extremity of the retina to the ciliary body. During this time the injured eye was very painful, and the other overly sensitive to light; but as soon as the pain disappeared from the one the hyperæsthesia left the other. Then, again, after the lapse of eleven years, when the secondary trouble began, the first and only symptom in the atrophied eye was pain, which appeared at irregular intervals. There was not even redness of the conjunctiva with the pain. After the paroxysms of pain appeared and disappeared a number of times the right eye began to sympathize and show signs of irritation during their presence; and occasionally the pain would shift to the right eye. Soon after this the sight began to be impaired during the attacks of pain, but would clear up again with their disappearance. But after changing thus for a short time, the sight became permanently impaired, and got a little worse with each return of pain. The succession of symptoms here shows that pain was the starting point of the sympathetic disease, and was present at each step in its progress. In the beginning of the trouble it was situated in the ciliary process of the atrophied eye, as shown by the tenderness to pressure over this part.

Now, then, as the trigeminus is the only nerve of common sensation within the orbit, its branches must have been the seat of pain in the atrophied eye; and as the irritation and pain in the fibres of the corresponding nerve on the other side were the first signs of disease in the sympathetically affected eye, it is probable that the irritation was carried by the left trigeminus to its centre in the brain, whence it was transmitted to the centre of the right trigeminus. After the nerve cells at the centre of the right trigeminus were thus irritated, their functional activity was increased, and they exalted ordinary impressions upon the ocular fibres of the nerve into sensations of pain. The condition of the right eye, then, in regard to the state and action of the nerves supplying it, was the same as though the fibres of the fifth nerve had been directly irritated, and the same "reflex phenomena" as would arise from a wound of the eye might be expected to appear. In this connection may be mentioned the following interesting case of partial paralysis of the third nerve, with apparent paralysis of the retina, caused by a wound with the spout of a small coal-oil can, which came under the observation of the writer recently. The end of the spout was accidentally run into the eye, between the ball and the nose, over the tendon of the internal rectus muscle, making a wound four lines long, in the conjunctiva. The wound cannot have been very deep, because it was already healed when the patient presented himself, one week after the accident. The levator palpebræ and all the intra-orbital muscles supplied by the third nerve were partially paralyzed, and the pupil dilated. Vision = qualitative light perception; no objects could be distinguished. The patient declared that the sight of the eye was good before the occurrence of the accident, and there was nothing visible in the fundus to cast any doubt upon his statement. The media of the eye were perfectly clear. There was no sign of disease in the retina or choroid. The refraction was normal. The optic disk was a trifle paler than that of the other eye, and the retinal blood vessels seemed smaller; but these differences were too insignificant to account for the complete loss of sight, and might

be explained as resulting from the loss of function of the part. This was evidently a case of paralysis of the third and optic nerves, caused by direct irritation of the fifth nerve—a case of "reflex paralysis." Returning now to the sympathetically affected eye, it may be said that after the irritation had reached the centre of the right trigeminus the sympathetic irritation had already assumed the form of a primary irritation, differing from it only in the fact that the cause of the morbid process acted in the nerve centre instead of on the periphery. The results were the same.

This view of the manner in which the irritation is transferred from one eye to the other is in accordance with a few well known physiological and pathological facts. It is a well-known fact, and can be shown on any healthy pair of eyes, that light admitted on the retina of one eye will affect the pupil of the other. If one be kept open, its pupil will be seen to contract and dilate with the opening and closing of the other. The impression of the light, then, must be carried, either by the optic nerve to the optic centre in the brain, thence to the centre of the third nerve on the same side, and from there to the corresponding motor centre of the other side; or, by the optic nerve, through its centre, directly to the motor centre of the other side. But as both pupils move with the opening and closing of one eye, the motor centres of both sides must be excited by the impression of the light on the one retina, whether it reaches them by one route or the other. In either case close connection between the centres of the opposite oculo-motor nerves is necessary to produce this effect.

If this be true of the third, as it is of some others, it may be inferred that there is also a direct means of communication between the centres of the fifth, by which impressions coming from the periphery may pass from one side to the other. This transfer of irritation from the fifth of one side to that of the other side is frequently observed in those cases of dental pain caused by a carious tooth, in which, after a time of aching in the sore tooth, all the teeth in the other side of the same jaw become painful. Of central irritation (as we supposed existed in the centre of the right trigeminus in our case, before the vision was impaired, and afterward), causing eccentric pains, and even trophic changes, instances are frequently met in practice. Spinal irritation and sclerosis afford good examples of such cases. What is true of this case will probably apply to most other cases of sympathetic ophthalmia. What other route could the pain take in going from one eye to the other? The optic nerve, it is well known, has but the one function, of transmitting to the brain impressions of light. It is true that these impressions may be reflected to the third or fifth nerve; but in disease or injury of one eye, followed by sympathetic disease of the other, the function of the retina and optic nerve is abolished, in nearly all cases, some time before the appearance of the sympathetic affection. The lens is frequently opaque, and the pupil generally closed, so that light is entirely excluded, and can, therefore, make no impression upon the retina to be transmitted anywhere. Furthermore, the most frequent causes of the disease are injuries and diseases of the anterior part of the eyeball, the iris, ciliary body and cornea, while uncomplicated affections of the retina and optic nerve seldom give rise to it. Irritation of this nerve with electricity gives rise only to appearances of light, that is, it excites the function, as in sensory nerves it excites sensation, and in motor nerves motion. Is it not probable, then, that if it is instrumental in carrying irritation from one eye to the other, it does so indirectly, through the centres of the trigeminus in the brain, or through the sympathetic? Of the former, it need only be said, in addition to what has already been stated of the fifth nerve, that pain, like healthy nerve force, and other natural forces, does not take an indirect route when a direct one is open, as is always the case in the primarily injured and painful eye, through the fifth nerve.

That the sympathetic takes part in an indirect and circuitous transmission of irritations from one eye to the brain and thence to the other eye, in cases of sympathetic ophthalmia, is, as already mentioned, believed by a few observers of good reputation; and in the light of the present knowledge of the physiology of this nerve, and with the present fashion of ascribing nervous phenomena which are otherwise unexplainable to reflex action through the sympathetic, this theory seems plausible; but there are a few facts which may be mentioned as seeming to point the other way.

The word irritation, as generally used, means increased functional activity of the part irritated; and this is the sense in which it is here used. When the sympathetic in the neck is irritated, the blood vessels of the corresponding side of the face contract, and the pupil dilates, but sensation is not affected. On the other hand, when it is cut, its function is destroyed, the blood vessels dilate and the pupil contracts—precisely the conditions found in painful inflammatory diseases of the eye. When an eye is

hurt, even slightly, as by pinching up a fold of the conjunctiva, there is first pain, then dilatation of the blood vessels immediately around the seat of pain, lachrymation, and, if the pain continues some time, contraction of the pupil. These symptoms cannot be due to irritation of the sympathetic, for they are the same as result from complete destruction of the function of the nerve. Besides, it is found that the sympathetic fibres in the iris are active only when the organ is in a state of rest; when the eye closes the pupil dilates, while, as soon as it is opened, the third, fifth and optic nerves are called into action, and the influence of the sympathetic subsides. The same is true of the sympathetic in all the diseases of the eye in which the function of the organ is impaired and this nerve becomes active, that is, the pupil dilates in a direct ratio with the loss of sight. This is observed in diseases of the optic nerve, cataract, and diseases of the retina. On the other hand, when there is disease implicating the sensory nerves of the eye, when there is pain and inflammation, the pupil contracts and the blood vessels dilate; in other words, the sympathetic is either overpowered by its antagonist or paralyzed. In either case it seems probable that the active or most highly irritated nerve would be the one to transmit irritation to other parts. These facts seem to indicate that the functional activity of the eye is derived from the brain, through the sensory and motor nerves, and that the office of the sympathetic is to exert an inhibitory influence; the cerebro-spinal influence is active, and the sympathetic passive.

If the theory of the cause of the disease in the case here related is correct, and applicable to other cases, it indicates the importance of allaying pain in primary disease of the eye as a preventive against sympathetic disease. Other interesting features of the case, from a clinical point of view, are, the insidious onset and course of the disease, the long period of quiescence between the subsidence of the primary and the outbreak of the sympathetic disease, and the prompt effect of the enucleation. In the greater number of cases the disease appears within two months after the primary affection. The slowness and the uncertain steps with which the disease came on, and the frequent recessions during the early part of its course, led the patient to think it of little importance, until the sight was permanently impaired. The recollection of such cases should arouse our suspicion of the approach of the disease whenever we are called to a case of defective vision in one eye accompanied by pain and loss of sight in the other; and if the report of this case will serve this purpose in a single instance, the writer's object in presenting it will be gained.

GUNSHOT INJURY, INVOLVING THE SECOND DORSAL VERTEBRA.

BY STEELE BAILEY, M.D.,

Of Danville, Ky.

Read before the Central Kentucky Medical Association.

The following interesting case is only another illustration of the almost invariably fatal result which attends gunshot injuries of the bodies of the dorsal vertebræ, with consequent lesion of the spinal cord.

It was not complicated by injury of the lungs, else it would have terminated fatally at an earlier date. Death ensued from secondary causes, general exhaustion and debility, on the twenty-third day after the infliction of the wound. This case will be especially remarked because of the prolonged interval between the reception of the injury and the fatal issue. Also, an interesting feature observed in this instance was priapism, which was noticed a few days after the reception of the wound, lasted for a certain time, then quietly subsided. In examining the "Surgical History of the War of the Rebellion," edited by Dr. Otis, I cannot find an instance in which this symptom was so prominent and permanent; and therein but three cases having this symptom are reported, all of the cervical region.

Hiram Tucker, of spare, delicate build, was shot at a "barbecue" at Squirrel Spring, in Lincoln county, Ky., about five o'clock in the afternoon of the 3d of August, 1878. He was quite intoxicated at the time, and fell with a heavy thud upon the ground, as if lightning-struck; reaction followed in a short time. As soon as a wagon could be procured he was taken home, a distance of two miles, placed in bed, and whisky given him. His place of living being six miles from Stanford, and a messenger despatched directly after the shooting, I did not reach him until half-past eight o'clock at night, and found him calm, entirely sensible, his pulse slow, and at intervals inclined to be drowsy, though he didn't sleep until after the hypodermic injection of half a grain of morph. sulph., and then only at intervals. On examination, I found the ball had entered at a point midway between the root of the neck and top of the right shoulder joint. The wound was a small hole, circular, and incapable of admitting the

little finger, but a long, silver probe being introduced, the track of the ball was obliquely toward the spinal column. This instrument giving him pain, I desisted from further efforts, thinking such exploration would be as useless as it would be mischievous. There was but little bleeding, a slight oozing from the orifice, and pain was complained of only in the right arm, which he was able to use, as he was that of the left. This pain he described as spasmodic, jerking, twinging, and the ring and little finger, and corresponding part of the palm, felt as if they were asleep. At times he had a feeling of tingling and numbness in the left arm. He was unable to move the lower extremities, but, as intoxication was still existing, I reserved my diagnosis till next morning.

He was very thirsty, and drank a great deal of water through the night, and toward morning threw it up as soon as it became warm in his stomach; this was, however, the only vomiting he did during his illness. The urine having been retained since the reception of the wound, about three pints of offensive water was drawn, with a flexible catheter. The next morning, the effects of the "apple jack" having passed away, it was found that his body and legs were completely paralyzed; there was neither sensation nor motion from the top of the sternum to the soles of the feet. The breathing was but slightly affected, the number of respirations not averaging above twenty-four per minute. Weakness, from nervous shock, was complained of, but no pain, except that in the right arm, as before mentioned, along the course of the ulnar nerve; and it was observed that he could grasp less firmly with this hand than with the left. After the lapse of a few days he ceased to complain of this trouble, but felt a sense of soreness in both the right and left sterno-cleido muscles when they were pressed upon, and now a bronchial respiration was noticed in the upper lobe of the left lung.

His bowels being torpid, an enema was given him the second day, but this one clyster sufficed; the abdomen soon afterward became tympanitic; there was no power over the anal sphincter; dark fæces involuntarily passed, for a period of seventeen days. The dribbling produced a partial evacuation of the bladder; his attendants were taught the use of the catheter, and the organ relieved three or four times within the twenty-four hours, and at my visits, occasionally, washed out. The urine was dark, thick, and strongly ammoniacal, characteristic of lesions of the spinal cord. His ordinary mode of lying in bed was with his hands clasped over his head, and when tired of this, he would ask his attendants to place them beside him. The breathing was easier when he was propped with pillows, in the semi-prone position; to sit him up straight, or let him lie perfectly flat, produced hurried respiration and much weariness.

A frightful bedsore, over the sacrum, made its appearance about the eighth or tenth day, which continued to spread, despite every expedient adopted for its relief. In the absence of a water-bed, a ring of hair was used; the parts washed with carbolic soap twice daily; charcoal sprinkled over the black slough, and afterward covered with a yeast poultice; iodoform, which is a healing and soothing application to spreading sores, was employed; carbolic acid and vaseline; nitrous ether solution of argent. nitratis, fifteen grains to one ounce; quinine, dissolved in ether sulph., were also employed, but to no avail; the sloughing of tissues continued until the lower lumbar and sacral vertebræ were exposed. Fever was present every day, a variation of from two to three degrees between the morning and evening temperature. The morning temperature averaged about 101°, Fahr., that for the evening (from 4 to 9 P.M.) ranged from 102°, 102½°, to 103°, Fahr.

Priapism, which sometimes supervenes upon injury to the spine and cerebellum, came on, in this case, about the ninth day, and lasted, with but few remissions, for eight days, when it passed off and was seen no more. The penal organ, which was worthy of Mahomet, presented a ludicrous spectacle, with but a single cotton sheet to cover it, causing no little embarrassment to himself and friends, who shielded the "flute" with evident care. The erection was completed during the evening's exacerbation.

The slow fever, repugnance to food, together with the "toasting" heat of August, produced great emaciation—a skeleton of skin and bones. The muscles of the neck were skinny, the arms, and especially the thighs, were atrophied; the pulse now became weak and frequent. The most concentrated, nutritious food and stimulants were given him; there was no gastric irritability, yet the most tempting viands were loathed; only soft, ripe apples were the least palatable. His mind remained clear and calm during his entire illness; no disordered speech or defective ideation; no frettings, no impatience; no headache, and on but one or two days did he complain of glimmering, bright, zig-zag lines, corruscations, etc., and this trouble I attributed to a few doses of croton-chloral, which had been given for its hypnotic effects. According to Ringer, this remedy some-

times produces a peculiar affection of the sight, beginning at the centre or circumference of the visual field. The wound of entrance never entirely healed.

This man was a brave, generous one; a true Stoic; not a murmur escaped his lips, although his emotions were played upon by the recital, by his friends, of the cowardly deed that had laid him prostrate; of the slow wheels of justice in arresting the assassin, etc.

Neither this, nor the friendly talks of ministers of the Gospel who came to give him spiritual comfort, caused the pent-up tide to give away. He died at noon, in a convulsive seizure, after an attempt to eat some food, on the 26th of the month, and the twenty-third from the day of the accident.

On a post-mortem examination, thirty hours after death, present Drs. Peyton and Craig, the second dorsal vertebra was removed and examined, and found to contain the track of the ball; the spinal marrow was disintegrated and in a fluid condition. There were adhesions over the right upper lobe, and small, smooth-walled, cyst-like spaces at the apices of the lungs. Irregular, puckered, characteristic scars were scattered through the lung tissue. This man had had, some years before, bronchial hemorrhage, frequently repeated, with a sharp, irritable cough afterward, and expectoration of small, yellowish masses; and during the colder months of the year, he often spat up a fluid sputa. The other organs of the body were not examined.

Hospital Reports.

KING'S COUNTY HOSPITAL, FLATBUSH, L. I.

SERVICE OF J. C. HUTCHISON, M.D.

Reported for the Medical and Surgical Reporter, by A. F. Bristow, M.D.

Transfusion of Blood (Aveling's Method); Transfusion of Milk.

John McMorrow, Ireland, aged 40, laborer, was admitted to the hospital Dec. 31st, 1878. He had always enjoyed good health until about two months previous to admission, when he began to suffer from pains in the calves of the legs, and from shortness of breath on any unusual exertion. His appetite gradually failed and his strength diminished, until he was unable to work or help himself. He was in this condition when brought to the hospital for treatment. He presented the appearance of a man who had had an exhausting and sudden hemorrhage, and seemed to be completely exsanguinated. His face and hands had a dirty, waxen appearance. Even his lips were white, and he was scarcely able to sit up in bed. Yet he was a man of more than ordinary physique, and the closest physical examination failed to discover any organic lesion competent to reduce him to his present condition. The only physical sign of any moment was a diffused heart murmur. He had no history, however, of rheumatism, beyond the pains in the legs, and he said he never had venereal. His family history was good. The diagnosis was pernicious anæmia, and other means having failed, and it being very evident that the man was sinking, transfusion of blood was determined upon, and the patient consenting, the operation was performed Jan. 16th, by Dr. Hutchison. The direct method was employed, and Aveling's apparatus used, Dr. Calhoun, one of the resident assistant physicians, furnishing the blood. The apparatus being first filled with warm, salt water, the median cephalic veins of recipient and donor were opened, and the canulæ inserted into the respective veins. The bulb of the apparatus was then compressed, and about four ounces of blood slowly thrown into the patient's circulation. The donor then suddenly became faint, and his vein did not flow readily nor furnish blood enough to fill the bulb of the apparatus. At this point, in some way, the joint between the tube and the canulæ became loosened, unperceived, and allowed air to enter the bulb, which immediately entered the vein of the patient with a loud, gurgling noise. After waiting a short time, and no unpleasant symptoms making their appearance, an attempt was made to continue the operation, but the donor's vein would not yield sufficient blood, and the operation was discontinued. There was no very marked alteration in the pulse, and no change whatever in the respiration. About two hours after the operation he was taken with a chill, after which his temperature rose to 100½°, but during the week subsequent it fell again to within half a degree of normal.

Dr. Calhoun, who furnished the blood, though repeatedly warned to leave the operating room, insisted upon remaining, and was present at the subsequent operations, one of which was an amputation, for knee-joint trouble—chronic suppurative arthritis. He afterward went about and performed his hospital duties as usual, and declined to be retired from service at all. He continued in his usual health until the third day after the operation, when a circumscribed redness, about three inches in diameter, appeared about the wound, and a more diffused blush extending over a large portion of the arm and forearm. The veins themselves could not be traced, nor did there seem to be any inflammation of the lymphatics. The symptoms, however, became more serious, and deep-seated cellulitis of the arm and forearm soon declared itself. The temperature ran up very rapidly, and during the third and fourth days of the attack the thermometer marked 104° and 105° in the axilla, and the patient was delirious at intervals. So serious were the symptoms that grave fears were entertained for the doctor's life. A supporting treatment was adopted, and fortunately the phlegmonous inflammation did not extend beyond the arm and forearm, but finally terminated, two weeks afterward, in three points of suppuration, two in the forearm and one in the arm, all of which abscesses were opened. The doctor was left,

however, in a very weak and nervous condition, but happily is now progressing toward complete recovery. In connection with this feature of the case, it may be of interest to compare it with another instance, somewhat similar, where, however, the inflammation did not confine itself to the extremity. An interne of St. Peter's Hospital, while making a post-mortem on a case of empyema, received a scratch on one of his fingers. A somewhat similar inflammation followed, but unfortunately, instead of restricting itself to the arm, involved the thorax on that side, and terminated in empyema, cellulitis of the chest wall, and minute pulmonary abscesses, finally resulting in death. This happened about two years ago. It seems difficult to say why the inflammation in one case restricted itself to the extremity, while in the other case, where the origo mali seemed so insignificant, comparatively, the mischief should have been so widespread and fatal. The writer was acquainted with both gentlemen, and as far as physical condition went, they were on a par, each being in ordinary good health.

The week after the operation the recipient, Morrow, grew weaker, and had frequent attacks of epistaxis. He was unable to assimilate any food, and without any discoverable organic lesion, a man of excellent physique yet lay dying, almost, from inanition. His appearance was, if possible, more exsanguine than ever, and it was determined to try transfusion of milk.

Accordingly, one week after the first operation the median cephalic vein of the other arm was opened and an attempt made to inject fresh milk. The vein, however, was very small, much smaller than that in the other arm, and this was a source of some trouble and delay, the milk flowing very slowly. The apparatus used consisted simply of a funnel-shaped glass vessel, holding about ten ounces, and having a rubber tube with two bulbs attached to the lower end, furnished with a stop-cock. A canula filled with water was introduced into the vein, and the tube, filled with the milk, was then fitted upon the canula. The vessel was then elevated, the stop-cock turned and the fluid allowed to run into the vein by force of gravity. There was considerable leakage at the point of junction of the canula and the tube, the milk oozing out quite rapidly, often, but the joint was tightened and the fluid ran slowly into the vein. About six ounces of the fluid was injected. The milk was fresh from the cow, and was kept at a temperature of 100° by wrapping hot cloths around the vessel. To eight ounces of the milk one ounce of a weak solution of ammonia carbonate was added, Dr. Hutchison, in this connection, remarking that the milk injected ought always to be alkaline. It was often, however, acid. During the operation, which was lengthy, because of the small calibre of the vein, the patient made no complaint of difficulty of breathing or other discomfort, except at one time, when he said he felt a sense of oppression about the heart. This speedily passed away. In regard to the introduction of air into the veins, Dr. Hutchison called attention to the fact that although in the previous operation this accident had happened to the patient, yet he had suffered no inconvenience whatever therefrom. He remarked that in his opinion this danger had been somewhat overrated, and that in the veins of an extremity certainly there was not the same peril accompanying the introduction of air as in the great vein of the neck or thorax, which communicated directly with the heart in almost a straight line. Certainly, here was a case where a considerable quantity of air had passed into the median cephalic vein, yet not a single uncomfortable sensation had followed, much less any dangerous symptoms.

During the week subsequent the patient was much improved, although at times he was delirious, and said afterward that he did not know night from day. Yet there was no febrile movement whatever. The pulse became fuller and stronger, and gradually the appetite returned, and the case steadily improved. At this date, three weeks from the last operation, the patient seems on the road to complete recovery. He walks about the ward occasionally, though still weak; the color has returned to his face; his pulse is quite full and strong, and the improvement is steady. The heart murmur still remains, however. With this exception everything seems to bid fair for the man's recovery to health and strength. The cause which produced such a sudden and complete failure of the blood-making function remains entirely unexplained, as the man has never been sick before in his life, and can give no further account of his present illness than that in two months, without any actual sickness he gradually failed. He gave no malarial history, nor, indeed, any beyond that here given.

LONG ISLAND COLLEGE HOSPITAL.

UNDER SERVICE OF DR. BURGE.

Reported for the MEDICAL AND SURGICAL REPORTER, by MORGAN L. WOODRUFF, M.D.

A Case of Congenital Hernia, with Extraordinary Complications.

Joseph Graham, aged two years and three months, entered Long Island College Hospital Sept. 30th, 1878. His history, as given by his parents, is as follows: When the child was six weeks old the family physician discovered a hernia in the right inguinal region. A truss was fitted at a local dealer's, and worn for two months. This frequently caused such severe pain, owing to poor adjustment, that it was abandoned. Subsequently other trusses were applied, at the "Asylum for Ruptured and Cripples," at Lexington Ave. and 42d street, New York, until the patient was over a year old, being constantly worn during this time. The last truss, becoming useless, was thrown aside, and the child remained without one, as he did not complain, and the hernia seemed to have disappeared.

After three months without treatment, a tumor again appeared in the same region. The patient was taken to an institution in New York, for treatment. After a consultation, the surgeons declared that the present tumor was not a hernia, and expressed doubts as to whether one had ever existed. A topical application was prescribed, to be painted on three times daily. This soon

vesicated the parts, and its reapplication became extremely painful. After persevering with this treatment for a month, without improving conditions, it was abandoned.

For the time, all treatment was suspended. The tumor appeared and disappeared, according as the perpendicular or horizontal position was assumed by the patient. It caused no pain. This state of affairs continued until Sept. 27th ult., when the tumor rapidly enlarged and became very painful. When the patient was admitted to this Hospital, three days later, the tumor was large and painful, the child remaining in one position and very irritable if moved. Attempts at reduction were made by Dr. J. S. Wight. The result was a gurgling sound and partial disappearance of the tumor. Deeming it objectionable to manipulate further, after twenty minutes, and no urgent symptoms being present, a hot poultice was applied, for several hours.

Oct. 1st. Tumor had regained its former size during the night. Taxis again employed by Dr. Burge, with a result similar to that of yesterday.

Oct. 2d. Tumor this morning as large as before. That portion which remains unreduced is hard and "boggy" to the touch, strongly suggesting omentum. Prescribed tinct. opii deodorata, three minims hourly, to procure sleep. An injection of hop tea caused a healthy movement of the bowels. Taxis was attempted, with a result similar to that previously stated.

Oct. 3d. This morning noticed a slough, three-quarters of an inch long and one-third of an inch wide, situated to the right of the median line and posterior to the scrotum, where a portion of the tumor had appeared harder than at any other point, and crepitations existed the night previous. The opiate was increased to six minims hourly.

Oct. 4th. Gave nine minims tinct. opii deodorata last night. Patient passed a comfortable night. Size of slough is increased. Other appearances about the same.

Oct. 5th. Early this morning had a spontaneous movement of the bowels. At ten A.M. a second, and at seven P.M. a third, all soft in consistence. The slough is increasing in diameter and depth. Discharge is sero-purulent and offensive. Patient takes milk diet readily.

Oct. 7th. Had a pleasant day yesterday. Craves meat. Bowels free. As Dr. Burge was examining the cavity formed by the slough, he discovered and drew from the wound a brass pin, which was black and corroded. It was directed downward and to the right, point first. The mother of the patient once saw him with pins in his mouth, though she saw no symptoms of his having swallowed one.

Oct. 8th. His bowels moved freely this morning. No fecal matter has yet escaped from the wound, as was anticipated.

Oct. 14th. Patient is improving, both locally and in general health. Tumor is enlarging.

Oct. 15th. A second opening appeared upon the scrotum, just beneath the penis and to the right of the median line. A large quantity of sanious pus escaped. Size of tumor greatly diminished.

Oct. 16th. Tumor nearly gone.

Oct. 17th. Improving.

Oct. 18th. About four P.M. fecal matter escaped through the first wound. A few hours later bowels moved naturally.

Oct. 21st. Since last writing the case has progressed favorably. The bowels are quite free at night, but quiet during the day. Nothing has passed through the fistula since the second day of its appearance. The wound is looking healthy and filling with granulations. A spontaneous closure of fistula is anticipated. At the request of parents the patient was discharged, and will return as an out-patient.

Oct. 24th. Patient returned to-day. Fecal matters are again passing from the fistula, which is somewhat larger. Passages thin and natural in color. The wound is in a healthy condition. He has the sore mouth of sprue. Prescribed—

℞. Eucalyptus globulus, ℥j
Glycerine, ℥ss
Saturated sol. soda boras., ℥ij. M.
Ft. gargarismata.

Oct. 31st. The mouth is improving. There is some indigestion. The fistula is larger. Most of the fæces are discharged through its orifice. Prescribed, for indigestion—

℞. Hyd. chlor. mite, gr.j
Sacch. lactis, gr.iij.
Bismuth subcarb., gr.ij. M.
Div. in pulvis No. 3.

Sig.—One, night and morning.

Nov. 11th. The mouth and indigestion are well. The patient's mother states that the size of the fistula increased since last visit, but has since closed gradually, so that nothing passes that way at present. Local treatment has been simply cleanliness and a compress of lint, with carbolated zinc oxide ointment as a dressing.

Nov. 14th. Fecal discharges again passing by the fistula, often in large quantities. General health is good.

Nov. 26th. No fæces passed through the fistula for eight days.

Dec. 3d. Fistula is entirely closed and the surface of the wound is granulating nicely. The hernia has again appeared, for which a truss has been adjusted.

Feb. 1st, 1879. Patient is well in every respect except the hernia, for relief of which a truss is constantly worn.

Alum in Chronic Dysentery.

In an obstinate case of this disease, Dr. Mader, a Russian physician, treated his patient with a solution of alum, which was injected into his bowels immediately after each evacuation, and which he was directed to retain as long as he could. This remedy proved successful, the patient only complaining of a burning pain in the rectum while it was being thrown up, but feeling much relieved afterward. The motions then gradually began to present a better appearance; no more blood or pus was noticed in them; they became more solid, and a fortnight after the first injection had been administered the patient was dismissed as cured. The strength of the solution was four teaspoonfuls of alum to a pint of water.

Editorial Department.

Periscope.

On a Neglected Proximate Cause of Dyspepsia.

In a recent paper on this subject, Dr. Leared, of London, argues that in a large proportion of dyspeptic cases the fault does not lie with the gastric juice *per se*, but with the muscular structures of the stomach. Owing to nervous debility, the peristaltic movements of the organ are more or less diminished, or even arrested. The result is that the food, not being duly submitted to the action of its solvent, in part ferments, and the gas evolved distends the stomach. This distention tends to impair the tonicity of the muscular fibres still more, so that, in some cases, the stomach may be said to be paralyzed. The remarkable way in which stirring aids the solution of soluble substances in water was adduced by the author in proof of his position. Although the revolution of the morsels of food was graphically described by Dr. Beaumont, from actual inspection, he failed to grasp their importance in relation to pathology. Instead of the old division of atonic dyspepsia and dyspepsia dependent upon gastritis, Dr. Leared proposed to divide dyspepsia into that from impaired motion and that from defect of secretion; and he maintained that by further subdivision all varieties of true functional dyspepsia might be ranged under these two heads. The difference in origin of the proximate causes was also pointed out, and the treatment of impaired peristalsis was explained at some length. Diet was held to be of great importance; and among remedies, strychnia was foremost. This drug, properly handled, the author affirmed to be almost a specific for relaxation of the gastric muscular fibres.

A Practical Diet Table for Diabetics.

A distinguished physician of this city has handed us the following bill of fare, which is the result of the experience of a sufferer from diabetes, to whom these foods have proved not only unobjectionable, but conducive to a cure. In view of the fact that the highest medical authorities have decided that medicines are of little or no avail in this disease; that the chief reliance is upon appropriate food; that improper food surely encourages the disease, while suitable foods unfailingly retard its progress, and that very few who suffer from this trouble are accurately informed as to what foods are admissible and what are objectionable or dangerous, he offers this list, as containing nothing which has proved injurious in his own case.

The suggestions in regard to bathing, exercise, and most of the foods, are the results of his consultations with eminent medical men in America and Europe, among whom may be mentioned Professor Bouchardat, of Paris; and their value as curative agents are borne out in his own experience.

As the elimination of sweets and starches has proved beneficial in nervous prostration and brain exhaustion, it is believed that the following bill of fare may be wisely adopted by all nervous sufferers:—

OYSTERS AND CLAMS,

Raw, or cooked without flour mixtures.

SOUPS.

All those without flour, rice, vermicelli or other starchy substances, or the prohibited vegetables.

FISH

Of all kinds, including lobsters and crabs.

MEATS

Of all kinds, more particularly beef and mutton (liver not used); also tripe, ham, bacon and sausages.

POULTRY AND GAME

Of all kinds. Avoid sweet jellies and sauce with the game.

SALADS

In all varieties except potato. Use freely of spinach, lettuce, watercress, Brussels sprouts, chiccory, dandelions and cold slaw; also olives. Cabbage in all forms especially valuable.

VEGETABLES

Of all kinds except potatoes, beets, carrots, turnips, parsnips, peas, beans, rice, or those containing sugar or starch. Young onions have been found particularly valuable. Sour apples cut in quarters, dipped in beaten eggs, rolled in cooked gluten, and fried in very hot fat, make a good substitute for potatoes.

FRUITS.

All kinds of tart fruits. Peaches and strawberries in profusion, with cream (no sugar).

MILK

In moderation. Cream, butter, buttermilk, and all kinds of cheese freely.

BREAD.

Only that made from wheat gluten flour. From gluten a number of palatable breads, rolls, pancakes, fritters, crullers, griddle-cakes, mushes and puddings are made, rendering ordinary bread unnecessary.

NUTS.

Almonds, walnuts, Brazil nuts, filberts, pecan nuts and butternuts. They should be freely salted.

PASTRY.

None, unless made from gluten flour, without sugar.

EGGS.

Plenty of them. If boiled, let the time not exceed two minutes. Use in any way except in sweet omelettes and custards.

Pickled codfish, with eggs. Scrambled eggs, with chipped beef.

COFFEE AND COCOA.

Moderately, with glycerine (no sugar). Cereal coffee particularly recommended. Tea objectionable.

SPIRITS OR LIQUORS.

None, and no wine, except claret, Burgundy, Rhine, or other acid varieties, in moderation. Claret preferred. No malt liquors.

Eat slowly, and in moderate quantities. Take as

little liquid as possible during meals, and throughout the day.

The tendency is to a dry skin, and perspiration being highly important, frequent warm baths are advised; the evening is the best time. Cold or tepid baths may be taken with advantage in the morning, exercising afterward, to restore the circulation. Turkish baths are also recommended once or twice a week, if approved by your physician. Exercise as freely as possible in the open air, and sleep eight hours of the twenty-four.

Early Symptoms of Stone in the Bladder.

Mr. W. F. Leevan, in the *British Medical Journal*, gives the following list of the early symptoms of stone; a matter of great importance:—

1. *Frequency of Micturition.*—So soon as there is a foreign body in the bladder, it gives rise, by the movements impressed on it by changes of position, exercise, and the muscular efforts of micturition, to some irritation; and the earliest expression of that irritation is increased frequency of micturition. The increase in frequency will depend greatly on the character of the stone. A small oxalate of lime calculus, which jumps about the bladder with every change in the patient's position, may give rise to excessive frequency; whereas a large, smooth, phosphatic stone, lying quietly behind the prostate, may occasion but little increase. This symptom, *per se*, is not of much value, because nearly every disease of the bladder, prostate, or urethra, is accompanied by increased frequency of micturition. Then, again, very few men note how often they urinate in the day; so that the interposition of some half-dozen acts of micturition in the day may pass unnoticed, whereas, if it occurred at night, it would be sure to attract attention. Now, as a stone usually gives rise to but little annoyance at night, you see that frequency of micturition, taken *per se*, carries but little weight.

2. *Difficult Micturition* is a common symptom in the early stage of the complaint. The smaller the stone the greater the chance that the flow of urine will carry it into the neck of the bladder, and even into the urethra. The larger the calculus, the more it tends to settle down behind the prostate, especially if the gland be enlarged, and there to lie quietly. The prostate acts as a barrier, when enlarged, between the neck of the bladder and the stone. Boys really have no prostates; that is to say, the gland in them is so rudimentary that it may be disregarded. Consequently, boys usually have a great deal of pain in micturition; the stone rolling to the neck of bladder, and forming an impediment to the escape of the urine. One of the marked effects of this interference is exhibited in the way of priapism, rare in adults, but very common in boys.

3. *Pain.*—This is a very variable symptom, though usually present in some degree or other. Whether it be severe or not will depend on the character of the calculus and the nature of the exercise taken. For instance, a clerk, who walks to and from his office at a quiet pace, and sits on a stool all day, will suffer but little inconvenience; whereas a hunting man will be made aware of the presence of a stone. Ten to one that, when he gallops on horseback, he will experience some disagreeable sensation at the end of the penis, and will be frequently obliged to dismount to pass urine. Although hunting has caused many deaths, yet I am sure that, on the other hand, it has saved many lives. Men who hunt are just the subjects for uric acid calculi; and in them the existence of a stone usually makes itself known at a very early period, so that by the intervention of lithotrity they are spared the risk of losing their lives by lithotomy. In children, pain makes itself very evident, for they cry out when passing urine, and rub the penis and squeeze it, to mitigate their sufferings.

4. *Blood.*—Whether blood is seen or not will almost entirely depend on the nature of the stone and the character of the exercise taken. A small oxalate of lime calculus in a man who rides will almost certainly cause the escape of a few drops of blood, whereas a large, smooth stone, in one who leads a sedentary life, may not cause any hemorrhage. It is well to remember that the blood is usually passed in drops at the end of micturition; and that it generally has a florid aspect, different from bleeding from the kidney. The man whose kidney bleeds passes bloody urine, whereas a patient with a stone in his bladder passes urine and then blood.

5. *Altered Condition of Urine.*—This is probably the most untrustworthy symptom. Perfectly clear urine is quite compatible with the presence of a large stone, whereas a little mulberry calculus may cause great alterations. Remember, I am alluding to the earlier symptoms of stone, not the later ones.

6. *Retention of Urine.*—This is very common in boys, but rare in adults. If a boy suffer from retention, and there be no phimosis to account for it, a diagnosis of stone may safely be made.

7. *Prolapse of the Rectum.*—This is common in boys, but very rare in adults, although they often complain of tenesmus when urinating or defecating.

8. *Incontinence of Urine.*—This is a symptom but little known or attended to. It was pointed out by Civiale, and a knowledge of the fact has enabled me to suspect, detect, and remove calculi in boys who have been subjected to a course of sea-bathing and tonics. When a stone is impacted in the commencement of the prostatic urethra, it gives rise to retention; for the sphincter of the bladder embraces the foreign body tightly, and accurately fills up the sinuosities in the stone, so that the urine cannot escape. If, however, the calculus advance half an inch further, it acts as a gag and prevents the sphincter vesicæ from closing, so that the urine continually escapes along the sinuosities in the stone.

Lastly, there are a certain number of aches and pains under the head of "Anomalous Symptoms." I mention them simply as surgical curiosities, such as pain in the scrotum or down the arm or thigh.

—Dr. C. C. Vanderbeck sails for Europe on the 27th, to visit England and France. He will correspond with the Reporter during his absence.

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D. G. BRINTON, M.D., EDITOR.

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THE DISEASES OF THE LOWER ANIMALS, IN THEIR RELATIONS TO THE DISEASES OF MAN.

Students of epidemic and constitutional diseases have lately waked up to the fact that they can no longer confine the study of morbid conditions to the human race, if they would attain any general and accurate knowledge of their etiology. Yet without such knowledge of causes, neither prevention nor cure is possible, except by hap-hazard and empirically. Therefore, it is fast becoming apparent, that to the present curriculum of the medical student will have to be added a course on comparative pathology, or that the chair of the Theory of Medicine will have to cover much of what is now known as Veterinary Medicine.

The intimate relation which we are now learning exists between the diseases of domestic animals and of those who own, use and eat them, has been the subject of a number of articles in the leading English journals lately, and at the meeting of the London Pathological Society, in January last, it was the leading subject of discussion. The special occasion of the discussion was the recognition of unhealthy milk—milk from a diseased cow—as the exciting cause of diphtheria and other so-called epidemic diseases. The debate left no doubt as to the facts in the instance under consideration.

After careful and detailed examination of the whole circumstances, the only conclusion that could be arrived at was that some "personal" condition of the cow as cow, or some inherent property of the milk, had probably been the cause of the diphtheria. As regards the causation of milk epidemics generally, our present knowledge is as follows:—Of milk-typhoid epidemics, some have been clearly traced to contamination of the milk by means of infected water or air—the usual media for the spread of the disease where milk is not in question. But in a certain number of cases this intervention of infected water or air, though it cannot be excluded, appears very unlikely, even after the most pains-taking inquiry. Though the association of the disease with a milk supply is clearly made out, no source of infection of the milk can be detected, and the inquirer is forced, in such cases, to ask himself whether, if milk *per se* were capable of producing enteric fever in man, the observed facts would not tally better with such an etiology. In regard to scarlatina in its relations to milk, in no instance has the intervention of infected water ever claimed to be considered; the same may be said of air infection, except as through direct human contamination of the milk; and, indeed, it is very seldom that any circumstances affecting the milk after its secretion have sufficed to explain its infectiveness. Here again, therefore, in the recorded cases of milk scarlatina, observers have generally been compelled to entertain the probability that the cow as cow, and milk as milk, have been concerned in the production of the human affection. As regards milk diphtheria, again, little has been hitherto observed. The epidemic referred to lends no support to any hypothesis that antecedent human cases are always wanted to render milk infective, and the outbreak would receive

its readiest explanation in some condition proper to the cow herself or to her milk.

Certain diseases in the cow are already known to be capable of producing diseases in man having considerably different clinical phenomena from those seen in the quadruped. Thus vaccinia is a disease *ejusdem generis* with human small-pox, yet it differs much, in its severity and other particulars, from its human analogue, affecting very slightly the amount of milk secreted by the animal. "Foot-and-mouth disease," again, is transferable by milk, under certain conditions, to man, causing aphthous affections, with derangement of the stomach and bowels. We know, too, that miliary tubercle in the cow is capable of giving rise to similar lesions in animals, perhaps also in the human subject, consuming the milk. The anthrax fever of cattle is also known to produce malignant carbuncular disease among those who have eaten the flesh, and a diphtheritic throat affection among pigs that have been fed on it or on the milk of affected animals. Another disease, not derivable from the cow, may be cited as showing that an affection hardly attracting any notice when affecting the quadruped may, on its transference to man, produce the most serious results—trichiniasis.

The disease of the cow which was said to lead to diphtheria is that known as "garget" or "caked bag;" but there is very little to show that this common complaint has such sequelæ. Enough has been said, however, to show that every physician should familiarize himself with the diseases of domesticated animals; he should have some work in his library on the subject; and he should be able to discuss intelligently the nature and relations of the principal maladies which present themselves.

Notes and Comments.

The Convention of Medical Colleges.

On page 197 we announced the Convention of Colleges, which is to take place at Atlanta, on May 2d. This convention is called pursuant to a series of resolutions by Prof. S. D. Gross, passed at the meeting of the American "Medical College Association," at Buffalo, last June. Recognizing the substantial failure of all efforts hitherto made to adopt a uniform system of instruction, equal to the requirements of the age, and with the practice of European medical schools, Prof. Gross suggested this convention, for the purpose of taking "definite and final action" on this important subject.

We look forward with sanguine hope to the action of this Convention. It is an appropriate moment to insist that all medical colleges pretending to be of the first class should render their courses of instruction more thorough. We confidently trust that they will all agree in demanding, at least, two reforms; first, a preliminary examination, equal to that required to enter the lowest class in the academical department of Yale or Princeton; and a three years' course of study. There is, really, no doubt on any side, that both these would be eminently desirable; and the only objections to at once accepting them are considerations of expediency—in other words, of money making. Let not this motive stand in the way of what is evidently a duty to the profession and the public.

Effects of Expectant Attention.

We have all read of Bœrhave's student, who had the symptoms of every disease as soon as the great lecturer described them. The following analogous examples are given by Dr. Prosser James, in the *British Medical Journal*:—

A few years ago a lady who had watched a case of cancer of the breast which had been excised, became convinced that she was suffering from the same disease. The pain, she said, amounted to agony, and its character was just such as she had witnessed. As an intimate friend, I was spoken to by the relatives, and took her to the surgeon who had operated on the case—Sir James Paget. He reassured her so completely, that peace of mind was soon restored. Pressed to say, if not cancer, what could cause such agony, he declared that it was not a surgical case at all, and would never require the knife. She was soon well.

Another lady, who had been under my care for laryngeal disease, traveled a long distance to confide to me her conviction that she had cancer of the breast. The history was similar. She, too, rapidly recovered on being assured that there was no such danger.

No part of the body is more likely to be affected by "expectancy" than the throat.

A few months since a lady succumbed to cancer of the throat. I saw her in the later

stages every week. A few weeks after her decease a young lady, a near relative, who had nursed her, came to me in the utmost distress, affected, as she believed, with the same disease. This single consultation led to her recovery.

Longevity of Quakers.

It appears, from the annual list of the members of the Society of Friends, that the number of deaths among that body during the past year, in Great Britain and Ireland, was 281. There are about 17,000 members; the mortality is consequently much below that of the population generally, and shows the longevity which prevails among the members of the Society. The infant mortality was very small, only 15 deaths of children under one year; between one and five years 18 occurred; between five and twenty years, 11; between twenty and thirty years, 19; from thirty to forty years, 15; and 11 only between forty and fifty years. Above fifty years old the numbers rise, the deaths in the first decade being 24; between sixty and seventy, 46; while from seventy to eighty (the most fatal period) the deaths were 65. Above eighty and below ninety the number was 53—a very high rate out of a total of 281; while from ninety to a hundred there were 5 deaths. Of the total 281, 147 were males and 134 females.

If we inquire into the causes of this exceptional longevity, they are easily seen. They are embraced in the old couplet—

"Temperance, cleanliness and repose
Slam the door in the doctor's nose."

The Law of Average in Suicides.

According to the mortality returns of London, deaths by suicide, when all different forms are simultaneously estimated, present a well-marked line of weekly occurrence. The maximum period is from the last week of April to the third week of August, the absolute maximum being in June, the minimum in the beginning of February. From September to March the deaths from suicide are under the average of the year. But when specific forms of suicide come to be considered, striking divergences are noticeable. Deaths from suicide by wounds are above the average from the middle of March to the end of August, April and June being the two highest months; and under the average from the beginning of September to the middle of March, with the exception of a short rise in the beginning of the year. Suicides by poison are more indiscriminately practiced, and no seasonal order can be traced in them. Suicides by drowning are above the average from the last week of April to the end of September, but by far the largest number are committed in May and June. It is pointed out that this maximum is quite different from that which characterizes deaths by drowning as a result of accident or negligence, in which a decided maximum occurs in July and August. The maximum in suicide by hanging is reached between the last week of March and the first week of July; so that the pronounced suicidal calendar, so to speak, is—hanging from March to July; stabbing, cutting, or shooting from March to August; and drowning during May and June, other parts of the year being "close" as a suicidal season, unless for poisoning, which is always equally open.

How to Care for the Eyes.

According to Dr. Javal, of Paris, the increase of near-sightedness in France is due to the overexertion and fatigue of the eyes. It is well known that after having looked fixedly for some time at a piece of checkered stuff, the sight becomes troubled, the eye being fatigued, through the repetition of the same colors. Now, the same thing will occur in reading a book which rests on the table; if, however, it be moved up and down, the cause of fatigue will be removed. Another origin of fatigue to the eye is the black lines on white ground, such as they exist in almost all the books. The eye is not achromatic; and if the blue color of the solar spectrum be suppressed, the spectrum of diffusion on the retina is to a certain extent avoided, which relieves the eye greatly. Therefore, the printing paper ought to be of a yellowish (wash leather) color. Another cause of fatigue is the length of the printed lines on wide pages of one column.

Chloroform Accidents.

Many chloroform accidents are doubtless due to impurities in the drug. A French chemist, M. Perrin, states that commercial chloroform has become much less reliable and more dangerous of late years. Sleep is often difficult to get with it, and he mentions some cases in which the attempt had to be given up, after trying successfully the drug procured in several shops. It often produces disorder of the stomach, moreover (vomiting, etc.), and twice in his recent experience it caused a state of apparent death, which was followed by extreme exhaustion.

If chloroform, when tested by the addition of sulphuric acid, turns a fine red mahogany tint, it contains impurities and should not be used.

Therapeutical Notes.

REMEDIES FOR HICCUP.

Dr. Grellety, (*Lyon Méd.*, No. 51) has observed that hiccup in children was immediately stopped by giving them a lump of sugar saturated with table vinegar. The same remedy was tried on adults, with similar instantaneous success.

Another remedy, which may even be considered more handy, was mentioned by a Russian priest to a lady, and has always proved very efficacious. It consists simply in looking fixedly, for about five minutes, at the blade of an open penknife, without either speaking or laughing. The remedy has been tried innumerable times, and has never proved unsuccessful.

EUCALYPTUS IN A COLD IN THE HEAD.

Prof. Stambio, in a note in the *Gaz. Med. Ital. Lombard.*, January 11th, says that, notwithstanding the failure of all the remedies hitherto recommended for the immediate cure of a cold, he wishes to communicate to the profession the great success he has found attending a new one, in his own person, and to ask them to test its efficacy. He found prolonged mastication and swallowing of a dried leaf or two of the eucalyptus globulus almost immediately liberated him from all the effects of a severe cold.

OXYGEN IN ALBUMINURIA.

At a meeting of the Therapeutical Society of Paris, Dr. Dujardin Beaumetz related a case which had reached its last stage, all means having been tried in vain, when the respiration of oxygen was had recourse to. The albumen disappeared completely during the first twenty-four hours of its employment, and although this disappearance will probably prove only temporary, twelve days have passed without any return. Dr. Constantin Paul replied that he had published two analogous cases, in which, under the use of oxygen, the albumen disappeared, but in two months it returned as bad as ever. Similar cases have since been published, and the most that can be hoped for from this means is a comparatively long remission.

SALICYLIC ACID ENEMATA IN DYSENTERY.

Dr. Berthold employs an enema, consisting of one gramme of salicylic acid, 300 grammes of distilled water, and alcohol, q.s. In dysentery with tenesmus and bloody stools, he administers it every four hours. The tenesmus diminishes, and the number of the stools is rapidly reduced, the fecal matters gradually acquiring their normal appearance, the temperature diminishing, and the appetite returning.

Action of Substances on the Teeth.

As the result of numerous trials made by the exposure of recently extracted teeth to the action of various substances, M. Maurel comes to the conclusion (in the *Jour. de Thérapeutique*) that if various medicinal substances are dangerous in their action on the teeth, others in still larger numbers prove, in their habitual employment, quite inoffensive. Thus, if we are required to take great precautions respecting citric acid, tannin, chlorides of zinc and antimony, perchloride of iron, iodine, sulphate of copper and alum, we may continue to employ with complete safety arsenious and carbolic acids, vinegar, corrosive sublimate, chlorate of potash, alcohol, tincture of benzoin, essence of mint, tincture of quinine, and eau de Cologne. Tobacco, whether used in chewing or smoking, does not injure the teeth beyond causing their discoloration.

Early Child Bearing.

In a recent case in London, of a criminal assault on a girl under twelve years of age, it was proved in evidence that the girl had been delivered of a full-grown child, which is still living, at the age of twelve years and one month. The prisoner, who was the girl's stepfather, was convicted of the felony and sentenced to ten years' penal servitude. It is stated that with the exception of two anonymous cases quoted in Taylor's work on "Medical Jurisprudence," this is the earliest age of delivery recorded as having occurred in England. Such early maternity is not unusual in the tropics.

Correspondence.

A Hypothetical Case of Alleged Poisonous Dose of Tincture Veratrum Viride, with its Ethical Bearing.

Ed. Med. and Surg. Reporter:—

Allow me to report the facts in a case that came under my supervision, wherein I wrote a prescription which was not given, because it was alleged, by the druggist and some others, that the first dose would kill the patient. I ask the kindly criticism of your readers; that they will endorse the innocuousness of the dose or condemn it, according to the merit of the case.

On the morning of the 9th ultimo I was requested by Judge F. to visit his son Jesse, aged thirteen, some two hundred yards from my abode. He had been in bad health during the fall, having chills, and probably some splenic enlargement. He was taken the day previous with a chill; he had fever; pulse about 118; rapid respiration; constant cough; somewhat delirious at

my first visit—this, at my second, the same evening, was very pronounced; considerable pain in left side. On auscultating I discovered coarse crepitant râles beneath the left scapula, and bronchial respiration generally, demonstrating an incipient pneumonia. I was extremely desirous of aborting the disease, which I deemed possible, and having in memory a prescription of Dr. Bemiss, which I saw in a paper on pneumonia, written by him, and published in the New Orleans *Medical and Surgical Journal*, July, 1878, I purposed using his formula, but knowing the citrate of ammonia, which was one of the ingredients, was not to be had in our village, and because I preferred the carbonate, I wrote the following:—

℞. Ammoniæ carb., ℥j
Tinct. digitalis, ℥ij
Syr. morphia,
Syr. ipecac., āā ℥j
Norwood's tinct. ver. viride, ℥ss
Sulph. cinchonidiæ, ℈j. M.

Sig.—Two teaspoonfuls, every two hours.

This is the prescription, of which it was alleged "The very first dose would have killed the patient." Now, if I calculate the dose of the veratrum correctly, there are about seven and a half or eight drops every two hours, or even double that. The question is, would this have proven fatal? Now, I claim, even if the whole amount (half a drachm) had been administered at a single dose, it would not have seriously jeopardized life; although I grant it was a somewhat larger dose than is usually prescribed. I have been accustomed to use the remedy for the last fifteen years, and think it was only a medium dose, as I rarely ever have given less than six or eight minims to commence with.

Stillé, in his "*Therapeutics*," does not write as if he deemed the medicine hazardous in any dose; he mentions no death from it in the edition I have, although he speaks of one person who took, through mistake, *one ounce* of the tincture, with no great detriment.

In Bell's Report on Materia Medica, in vol. II, *North American Medico-chirurgical Review*, he quotes Dr. H. Livezey, of Penna, who expresses himself, in strong terms, in favor of veratrum. He directs five drops of Tilden's fluid extract, increased one drop with each dose, till an effect is produced.

Dr. Taliaferro, of Atlanta, Ga., claims that it will cut short pneumonitis if *freely* used in the beginning; his first dose was *ten drops*, and he says it may be continued for days, and even weeks, without unpleasant consequences. In reference to its toxical effect, he reports the case of a physician of Atlanta having swallowed, inadvertently, *four hundred and eighty minims* of the tincture at a draught, producing only nausea, vomiting, and some difficulty of breathing. He quotes Dr. Hutchinson, of Indiana, who relates, in the *Western Lancet*, a case of croup in a child, aged three years: after using other remedies, with but little benefit, he gave tincture veratrum viride, *five drops every twenty* minutes, until four doses were taken; that was eighty drops in one hundred and twenty minutes, with only slight vomiting; continued veratrum, *five* drops *every hour;* and his closing remarks are: "The remarkable circumstance in this case was the quantity of veratrum administered, with the happiest result. He took, in twenty-four hours, *one ounce* of the tincture, without producing vomiting to any extent; but it speedily reduced the inflammation of the throat and air passages."

Also, Dr. C. H. Murphy, in the St. Louis *Medical and Surgical Reporter*, March, 1857, speaks in the highest terms of it, and reports twenty-one cases of pneumonia treated with this agent. He used eight drops every three hours; increased one drop with each dose till the desired effect was produced. In one of his cases the above-mentioned dose was directed every three hours, till it nauseated. This not being accomplished, the medicine was increased the next day to *sixteen* drops at a dose, and thus brought down the pulse, and the patient made a rapid recovery.

Dr. Watson is quoted, reporting a case of a negro girl, aged seventeen, with pneumonia, in the Nashville *Journal*. The girl was almost moribund, when seen; gave *twelve* drops of the tincture, and thus brought down the pulse from one hundred and thirty to sixty; repeated the dose the next day, resulting in a rapid recovery.

He reports another case of a child, eighteen months old, seized with pneumonia, where he gave one drop of the tincture, waited two hours and gave three drops, which calmed the patient. The remedy was repeated on two other occasions, the child promptly recovering. He reports one case where the pulse proved intractable, even where the tincture was used in doses of *sixteen* drops, *repeated every three hours for three successive days.*

Dr. Hill, of Illinois, in the *Northwestern Medical and Surgical Journal*, May, 1857, relates a case of remittent fever: after using other remedies, to use his language, "The fever, wild and high, coursed through every vein" of his patient, with active cerebral congestion and delirium; gave two doses, of *five* drops each, of the tincture of veratrum, at an interval of half an hour between them, which produced emesis, followed by diminished frequency of pulse; he then directed three drops of the tincture every hour and a half till a complete intermission should occur; next morning the patient sat up in bed, and was soon well.

Dr. Fordyce Barker, in a case of puerperal fever, reported in the *American Medical Monthly*, November, 1857, used *ten* drops of tincture veratrum viride ever hour, for seven consecutive hours, and continued the use of it in varying doses almost hourly, for ten days, and thus brought his patient safely through.

I noticed, also, several years since, in the *American Journal of Obstetrics and Diseases of Children*, some physician in New York city treated puerperal eclampsia by teaspoonful doses of Norwood's tincture, with marked success. A practice I subsequently imitated in a case of the same kind, occurring soon after reading the article, with no detriment to my patient, but, on the other hand, with great benefit.

The Memphis *Medical Recorder* gives an abstract of an account by Dr. Gorham, giving as

high as seven drops in a case of dysmenorrhœa, with curative results.

Dr. Haughton, of Indiana, in the Nashville *Journal of Medicine and Surgery*, December, 1856, says, in regard to the safety and efficiency of veratrum viride, that he has "given it in all ages, from the infant to adult age, and has always obtained the desired results."

Dr. Newsom, of Georgia, in the same journal, January, 1857, reports the cases of two sisters, aged fourteen and sixten, who each took *half a teaspoonful* of tincture veratrum viride (Norwood's) repeated in an hour, for the purpose of producing abortion, as they were illegitimately enceinte, without any delcterious effect, or success of the object intended.

He relates another case where a married woman took *two doses*, of thirty drops each, for the same purpose, with the only result of being much nauseated.

Touching the question of *safety* in the use of veratrum viride, Dr. Newsom says that since 1850 he has given it in almost every variety of inflammatory affections, and has never seen any ill effects from it.

Doubtless there is much more testimony fully as ample as is brought forward from this single report; but this ought to be sufficient to satisfy the most doubtful. There are many physicians who have never used the remedy, or only in very small doses, restrained from fear of using it because some one has told them of its harmful effects; others, who have never read the literature of the subject, have given such small, homœopathic doses as to derive no benefit from it. Probably the patient becomes nauseated after a few doses; they then suspend its use, and heap abuse upon what I consider one of the best remedies in the materia medica; and what is worse, if they have any influence, cause other members of the profession to proscribe it, without ever giving it a trial; or, what is still more injurious, frighten the friends or patients of some doctor into the belief that it is very hazardous, either by a direct avowal, or an evasive answer, thus leading the friends and patient to believe life is being jeopardized, and probably cause the dismissal of the medical attendant, as happened in my case, and the employment of another gentleman. Now, is not this the height of injustice? How shall we treat such confréres?

I saw Dr. H., the physician who, by his reticence when the prescription was exhibited to him, caused the father to believe he corroborated the opinion of the druggist, that the dose was a poisonous one, and when I showed him Bell's report, as I have copied it, he frankly stated he did not know it had ever been given in such "heroic doses," as he was pleased to call them, and admitted I had ample testimony to sustain the innocuousness of my prescription; but for causes best known to himself, he refused to give me a written certificate to that effect, but reiterated *he* would be afraid to give it in so large a dose as eight drops.

Now, I appeal to the profession, especially to those who have had experience with this remedy, for their opinion of this prescription, and their advice and counsel in the premises.

Elmo, Texas. R. Fowler, M.D.

Delivery in Convulsions.

Ed. Med. and Surg. Reporter:—

In the Reporter of Feb. 22d is an article on "Puerperal Convulsions," wherein the writer says that, in his experience, "forced delivery has never seemed to do any good, only by the amount of blood lost during the operation." Permit me to report a case of recent occurrence: Mrs. L. M., aged 20, married about a year, and about seven months in pregnancy. She retired to her bed rather late at night, in apparent usual good health, when, about four in the morning, she was taken, without warning, with fearful convulsions, lasting several minutes, and leaving her in a comatosed state. The spasms returned at intervals of half an hour, until about eight, when I arrived. Finding my patient of full habit, I immediately practiced venesection, drawing about ten ounces of blood. Soon after the spasms returned with full force, when I proceeded to administer chloroform, which, of course, stopped the convulsions. Making a digital examination, I found the womb high up, and no indications of dilation. I remained two hours, and as the spasms did not return—the patient still unconscious—I left, giving instructions to call me should there be any change for the worse.

About seven in the evening a messenger arrived, saying that the spasm had returned, and three or four had already taken place. On reaching the house, I found her in the fifth convulsion. Having lost confidence in extracting blood, I again administered chloroform. On examination, I found the womb about as before, with increased vaginal secretions. The convulsions did not return, neither did consciousness, the breathing stertorous. I resolved to forcibly dilate the uterus, and deliver with forceps, which was successfully accomplished about thirty hours from the time of her first attack. In less than two hours after delivery the patient awoke, perfectly conscious. Her recovery was rapid. At the time of delivery very little blood was lost; neither was there excessive flooding afterward. Query—was the return of consciousness and the cessation of convulsions the result of the loss of blood, or of the relief of the nerves and vessels by removing the child? I am inclined to believe the latter, and have an opinion that if excessive blood letting had been practiced without speedy extraction of the child, the patient would have succumbed. W. L. Boughton, M.D.

Northwood, Iowa.

Review of Dr. Nowlin's Article on the Contagiousness of Yellow Fever.

Ed. Med. and Surg. Reporter:—

In the number of the Reporter for November 30th, 1878, Dr. J. H. Nowlin criticises the observations of Surgeon General John M. Woodworth, in what appears to me an unfair manner.

The Doctor makes two points: first, that without the multiplication of the disease germs in the individual the yellow fever could not be so fatal; and second, that granting that the germs are multiplied in the individual, it is against reason that these germs should attach themselves to clothing and other fomites, and thus

affect another individual, and still be insusceptible of being conveyed from one individual to another. Notice this second point first. No anti-contagionist believes that this disease is multiplied in the way the Doctor indicates, but that the germs are multiplied outside of the body, in some suitable nidus (as decomposing animal and vegetable matter), and that the germs may then attach themselves to clothing or merchandise, and be transported to a distance, and either affect an individual, or, finding a suitable nidus, may be multiplied indefinitely.

With reference to his first point, I would remark that no one ever estimated the number of yellow fever germs an individual may take into his system. Dr. Rush, in his account of the epidemic which prevailed in Philadelphia in 1798, states that every one who remained in the city, even those who did not take the fever, were affected by the poison. For days certain symptoms of exhaustion manifested themselves, and then any exciting cause would give rise to the fever. The air was loaded with poison, and at every breath agents inimical to life were received into the system. It is true that there are cases on record where brief exposure in an infected district has given rise to the disease. Knowing nothing of the effect of a single germ on the body, we cannot say how many it will take to destroy life. A multiplication of germs within the system is not, however, inconsistent with its non-contagious character. It is in the range of possibility that the germs may exist in different states. One can imagine that they may be multiplied in the individual, and yet be insusceptible of transmission to another. It seems highly probable that the germs of malarial fever multiply in the individual, and yet no one contends that it is contagious. The truth of the matter is, we know so little of the conditions of germ life that we can arrive at no valuable truth concerning them, by any process of reasoning. It is by carefully collated facts alone we can arrive at the truth. The preponderance of the facts known (as of that given by Dr. Flint, of Don Cabarrellos, who, with fifty persons, slept in the beds where yellow fever patients had died, without one taking it) is so greatly in favor of the non-contagion of the disease, that it would be easier for the advocates of contagion to prove that there is more than one disease called by a common name, than to refute them. W. D. Hoyt, M.D.

Rome, Ga.

News and Miscellany.

Precaution Against the Plague.

Surgeon General Woodworth has issued a circular, calling the attention of officers of the customs revenue and medical officers of the Marine Hospital service to the act to prevent the introduction of contagious diseases. It instructs them to allow no vessels to enter port which have on board rags or furs from the plague-stricken south of Russia, until they shall have been thoroughly disinfected and the rags removed by open lighters to some isolated locality, and burned or disinfected.

Commencements.

The Yale College Medical School has graduated eight students. The School of Medicine of the University of Maryland graduated, on March 1st, 50 students. Bellevue Hospital Medical College conferred the M.D., February 28th, on 165 young men.

Personal.

—There was a triple funeral from the house of Dr. Charles N. Frederick, of New Centreville, Chester county, Pa., last week. His three children, Clara, Bessie and William, died of scarlet fever, within a few hours of each other.

—The heaviest verdict for personal damages ever secured against a railroad is probably that for $39,501, which Dr. Charles W. Hackett, of Maplewood, Mass., a rising young physician, has just been awarded, against the Eastern Railroad, for having destroyed his health and so cut off his income for life, by an accident.

—The wife of a prominent physician in Lexington, Ky., became deranged after attending a revival meeting, and was found wandering six miles from home, carrying a message from Christ to a friend.

OBITUARY NOTICES.

Dr. John Hugh McQuillen.

Two bright lights of the medical profession have recently gone out, in the midst of fields of usefulness; the one, Dr. John B. Biddle, the Dean of Jefferson Medical College, and Professor of Materia Medica, and the other Dr. John H. McQuillen, an alumnus of the same school, and Dean of the Philadelphia Dental College, of which he was one of the founders, and to which he devoted much of his time and all his talents, and of which he had cause to be proud, for its reputation has extended all over the globe. Dr. McQuillen was born in Philadelphia, February 12, 1826, and died on Monday evening, March 3, 1879, of congestion of the brain, from over mental exertion.

Our friend had the germ within him which no uncongenial employment could check in its growth and development; he was what is called a self-made man; he educated the innate talent which God had given him, and it yielded fruit an hundred fold.

His tastes were refined, and inclined him to study a profession, and he employed all his spare moments, even when in a mercantile house, to fit himself for his professional pursuits. When he was free from business engagements, he devoted years of careful study to fit himself as a leader in the practice of his profession, as a scientific dentist. Not content with his D.D.S. and private instructions, he added greater labors, and also—which at that time was the exception—graduated as a physician at Jefferson Medical College.

This was the beginning of a career as a writer, experimenter and original worker, ever increasing, to the time of his death, which found him at his favorite place for study and demonstration, the

microscopic section of the Academy of Natural Sciences, of which he was Secretary; he was, indeed, at the head and front of all the active movements of this useful branch of the Academy. During a period of twenty-five years he has been a constant contributor to the journal of the Academy, the *Dental Cosmos*, and other literary and scientific journals. His editorship of the *Dental Cosmos* was referred to in terms of the warmest praise, by Prof. O. W. Holmes, in a lecture upon the claims of dentistry, delivered before a graduating class of Harvard dental school, and his services were sought by one of the oldest medical schools in this country, to fill the dental chair.

I cannot but feel deeply grieved at the loss to the medical, and still greater loss to the dental profession of this city. Indeed, with truth, his loss is a national one. Dr. McQuillen was an enthusiast in his love for progress and advancement, and he did all in his power, even beyond his powers, for the elevation and ennobling of his profession. The Doctor set a bright example to the workers in original investigations and research, and always gave a helping hand or word to all with such aspirations. By his stores of information, eloquence, and love for his profession, he exalted it in the eyes of the world. As a companion and friend, he was truly lovely; his wonderful memory was stored with beautiful things, culled from useful study and reading, and his words flowed like a mountain stream, sparkling with the sunlight of his wit; only those who knew him intimately could fully appreciate this trait in his character, and live in the enjoyment of it.

Among his numerous experiments and original observations and monographs, in his special department, there was one which deserves mention, the action of anæsthetics on the blood corpuscles; this at once gave him a place as an original worker in histology and microscopy. His winter courses of lectures, on Physiology and Dental Histology, were always illustrated by vivisections and practical demonstrations, and were equal, indeed, superior, to many courses delivered in our medical schools. He originated the American Dental Association, and was its President. He also held the office of President of the Pennsylvania Dental Society, and of the Odontographic Society of Pennsylvania, and was a corresponding member of a number of American and European scientific societies. His bright example is well worthy of imitation.

LAURENCE TURNBULL, M.D.

Dr. H. O. Wilson,

A prominent physician of Slatington, Lehigh Co., Pa., died, February 27th, of softening of the brain, aged nearly fifty-six years. Deceased was born at Bath, Northampton, Co., Pa., graduated at the Lafayette College, at Easton, and in 1845 at the University of Pennsylvania, and entered on the practice of his profession in the summer of 1845, near Unionville, Lehigh Co. From there he removed to Slatington in 1854. He has been in active practice for nearly thirty-five years. His wife, two sons and two daughters survive him.

The Doctor was a sound thinker or theorist, with excellent practical abilities, untiring industry and a splendid diagnostician. In complicated cases, his opinion was sought for in consultations, by physicians residing many miles around him, in Lehigh, Carbon and Northampton counties. His last words were, "Are they all here? I am going." L. B. B.

QUERIES AND REPLIES.

Dr. B. F. Y., Phila.—The formula in current volume, page 181, includes two species of *viburnum*, *v. prunifolium* and *v. obovatum*.

Subscriber.—The Transactions of the American Medical Association will be out this month. We are informed there will be no extra copies this year.

Achatus.—Sterility in the male, from gonorrhœa, is not unknown; but barrenness in the female as a sequela of this disease (gonorrhœal ovaritis), we do not remember to have heard of.

Inquirer.—A druggist ought not to show the prescriptions of one physician to another, without permission, nor should a physician ask the druggist to do so; still less should a physician examine the prescription files, to find out how his brethren are prescribing. It is undignified. If he wants information, let him ask them.

Dr. D. W. A., of Ill., inquires—"May it not be a fact that the ovule, and not the spermatozoids, furnish the germinal body for the new being; that the ovule proceeds a little in its development, even without being impregnated, *i. e.*, changes its form from *female* to male; that if impregnated early, while in its female form, the result will be a *female;* that if impregnated later, *i. e.*, after the transition point, the result will be a *male?*"

MARRIAGES.

DE VARONA—FERRIS.—On Tuesday, Feb. 25th, by the Rev. Dr. N. H. Schenck, D.D., at the residence of Jas. B. Laing, Esq., Adolfo De Varona, M.D., and Elizabeth W. Ferris, both of Brooklyn, N. Y.

FOX—HOLLINGSWORTH.—On Feb. 25th, 1879, at St. Luke's Church, by the Rt. Rev. Bishop Hare, assisted by the Rev. Dr. Currie, William Logan Fox, of Foxburg, and Rebecca Clifford, daughter of the late Samuel L. Hollingsworth, M.D., of Philadelphia.

TULLY—GOFFE.—On Thursday evening, Feb. 20th, at the residence of Mr. Fleming Smith, No. 127 West 22d St., New York, by the Rev. W. F. Fenn, of Portland, Me., assisted by the Rev. W. F. Whittaker, of Orange, N. J., Dr. Marcus Edward Tully, of New York, and Florence, daughter of Hon. George Goffe, of Bedford, N. H.

DEATHS.

ASH.—At Upper Darby, Pa., on the evening of the 26th ultimo, Joshua W. Ash, M.D., in his 77th year.

BODINE.—In Philadelphia, on the 24th ultimo, after a lingering illness, Dr. Jesse E. Bodine, in the 75th year of his age.

FRUITNIGHT.—In New York, on Wednesday, Feb. 26th, Gertrude, daughter of the late Alex. and Catherine Huggins, and wife of J. Henry Fruitnight, M.D.

KELLAM.—In St. Charles, Minn., March 2d, 1879, of puerperal pyæmia, Mrs. Emma M. Kellam, aged 38 years, wife of Dr. C. R. J. Kellam.

KINKEAD.—At her residence, in New York, on Friday, February 21st, Anna S., wife of Dr. John Kinkead, and daughter of L. G. Dodge, of Poughkeepsie.

THE

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Communications.

A CASE OF EXTRA-UTERINE FŒTATION.

BY GEORGE B. FUNDENBERG, M.D.,
Of Cumberland, Md.

I was called, not long ago, in consultation, to a case which possesses interest enough to induce me to make it the subject of a short report.

The patient was married, aged thirty-eight, a large and well-proportioned woman, with all the marks of a well balanced constitution. She had been married three years, had given birth to two children, a year apart, had menstruated within a month after each birth, and had continued to do so during lactation. She became pregnant, as she supposed, for the third time, within ten weeks after the birth of her second child. She exhibited the usual signs of pregnancy, and at the end of the fourth month felt the fetal movements. At the end of the fifth month a broken up decidual membrane was passed, without pain and with a very moderate discharge of blood. The abdomen progressively increased in size up to the ninth month, up to which time nothing out of the usual order of events occurred, except that she had occasional attacks of abdominal pain and soreness, of moderate severity, and that the movements of the fœtus, from her first perception of them, were exquisitely painful, and in marked contrast, in this respect, to those felt in her former pregnancies. So much did she suffer from this cause, toward the latter months, that she called the attention of her physician, and that of several of her female friends, to the remarkably free movements of the child. At the expiration of the usual term of gestation labor pains of considerable severity supervened, and continued forty-eight hours, without any result except a slight show of blood from the vagina. The medical man who was with her at this time could not find the os uteri, but found the concavity of the sacrum filled with a tumor. Upon the cessation of the labor pains all fetal movements ceased, and in ten days after the breasts, which had been distended with milk, became flaccid, and the general abdominal distention began to subside. A second physician saw her about this time, made a vaginal examination, and found the os above and behind the pubic arch, the pelvis being filled with a tumor. A third physician, a gentleman of some note, from a neighboring town, saw her shortly after, and having carefully examined her, declared that the lady was not pregnant, that the movements she described were only imaginary, such as are often observed in spurious pregnancy, but that she was suffering from some form of uterine or ovarian tumor.

At the time of my visit she was cheerful, free from pain, with a good appetite, and with no evident functional derangement. She was in what she considered the eleventh month of gestation, two months from the occurrence of labor pains and the cessation of the fetal movements. She stated she was quite positive she could not have been deceived as to the reality of these movements, and as she had more than common intelligence, I was inclined to lay considerable stress upon her own impressions. At the time of my visit the abdominal enlargement had lessened very much, so that from the usual size at term, it had decreased, until it only represented the distention of a five months' pregnancy.

The question now presented itself, what was the matter? Had she really been pregnant, and was there a dead child in the womb? Or was it a hematocele, a uterine fibroid, or an ovarian tumor? Upon inspection and palpation, a tumor as large as the human head was found occupying the abdomen, lying partly to the right of the median line, extending up to the umbilicus and dipping down into the pelvis. This tumor was fixed, admitting very little motion. In the left hypogastric region another smaller tumor could be distinctly outlined, about the size and shape of an elongated cocoanut, superficially situated under the walls of the abdomen, and with a distinct sulcus between it and the larger tumor to the right. Percussion over both these tumors detected no fluctuation. A vaginal examination disclosed the presence of a large tumor in the pelvis, the excavation of the sacrum being filled with it, and the vagina much shortened by its encroachment.

This tumor was fixed, insensitive, and doughy to the touch. The os uteri was above and behind the pubic arch, and could only be reached with difficulty. The bi-manual examination proved the larger tumor in the abdomen and that in the pelvis identical, and fastened immovably by adhesions. The smaller tumor possessed some degree of motion, but not to any great extent.

I now took the uterine sound, and bending it to the proper curve, succeeded, after several attempts, in passing it through the cervix, into the uterine cavity. Somewhat to my surprise, I found that the sound had entered the small oval tumor to the left, and passing up to the fundus, gave a measurement of three inches, thus proving this tumor to be the uterus, strongly thrown forward and to the left by the pressure of the larger tumor, and proving also that the womb was empty, and nearly of the normal measurement. The handle of the sound responded to every imparted movement of the smaller tumor, and its point could be distinctly felt at the fundus, through the abdominal walls. By moving the uterus with the sound it could be demonstrated that its union with the larger tumor was close and intimate.

What, then, was the rational conclusion to be arrived at, from all that has been detailed. It could safely be predicated that the tumor was not a uterine fibroid, for the history of its growth and subsidence proved this conclusively. It was equally certain that it was not a hematocele, or ovarian tumor, for the same reasons. There remained, therefore, by exclusion, only one condition which could represent that of our patient, and that was so strongly corroborated by the history of the case as to lead to a very positive diagnosis of an extra-uterine fœtation.

The diagnosis being thus established, what means can be employed to rescue the patient from the dangers that surround her? The important question arises, shall we suffer her to run the risks attendant upon her condition, or shall we attempt to save her by an operation? She has thus far, fortunately, escaped one of the greatest dangers, that of rupture of the sac, but she is yet exposed to imminent danger, which may at any moment place her life in jeopardy. In addition to rupture of the sac, which may even yet occur, suppuration of its contents, with ulceration and exhaustion, septicæmia, or general peritonitis, may supervene. We know that women have carried such burdens for years, and died at last of old age; and we had an instance in this city some years ago, in which the fœtus had been carried eighteen years before suppuration, ulceration and exhaustion at last brought about a fatal termination. But these are rare and exceptional instances; in the large majority of cases the crisis supervenes much sooner. But in the present instance, the patient living in a region difficult of access, and distant from surgical help, and being in circumstances which prevented her from leaving home, there was no choice left but to temporize. I accordingly disclosed to the patient her true condition, and the dangers attending it, and instructed her to notify the attending physician whenever any serious symptoms came on, in order that timely measures might be taken for her safety.

But in about eight weeks after my visit I received intelligence of her death. One of the physicians who had met me in the case writes, in answer to inquiries, that he is unable to give much information in regard to the progress of the case after my visit; that he saw her but once afterward, a month after our meeting; that she was free from pain and cheerful, but much emaciated; that the appetite was failing, and the abdomen still becoming less. He states that he could distinctly feel the fetal bones in the doughy mass of the tumor. That she had the appearance of one in the last stage of phthisis, and was expectorating sputa resembling a rich soup. He felt certain that she could not live long, but states that the immediate cause of death was from a shock caused by the burning of a large mansion, but a few steps from her dwelling. No post-mortem was held. It is evident that she died from septic infiltration and exhaustion.

The lessons to be learned from a case like this

are: first, as to diagnosis; that no one is justified in forming an opinion, or in failing to form one, who has not availed himself to the full extent of all the means which modern progress places at his command; and secondly, as to prognosis; that no woman can be considered safe, even for a limited time, who carries an extra-uterine conception, experience proving that she may die at any unexpected moment; thirdly, that in cases which have advanced toward the full term without rupture, it is idle to base any treatment upon the expectation that the fœtus may be safely carried for an indefinite period, and that, therefore, there is ample room for differences of opinion as to the propriety of an operation before urgent symptoms demand it. For it may be strongly urged that, as in the vast majority of cases serious symptoms will show themselves sooner or later, it is safer to operate before such symptoms have appeared, than after their advent. The indications for the removal of the fœtus are certainly, in the majority of cases, as strong as those for ovariotomy, and as in the latter operation success is greatest when performed earliest, it follows that in the former operation, confessedly a much more dangerous procedure, the same reasoning will apply with additional force.

When we remember the gratifying improvements that have been made in abdominal surgery in the last decade, we may safely predict that the time is not distant, perhaps already present, when it will be considered the best practice to operate upon every proper case at the proper time. Is the fact that some women have safely carried such a burden for years sufficient to justify us in waiting; or is the fact that some women have been rescued from the perils of such a condition by operations performed before urgent symptoms compelled their performance, sufficient to authorize such operations in all cases, as soon as diagnosed? I believe we shall be giving the best answer to these questions, in the present state of our experience, by stating that while, of course, the propriety of an operation must be judged by the circumstances of each individual case, we shall be in the line of progress, and safely in the line of duty, by recommending the operation in every suitable case, and while yet the patient is in a condition most favorable to success.

—The Legislature of Kansas has passed a joint resolution, submitting to the people an amendment to the Constitution which shall prohibit the manufacture and sale of intoxicating liquors.

ON CRAMP OF THE MUSCLES.

BY G. E. DICKINSON, M.D.,

Of Upper Fairmount, Md.

As nearly every practicing physician has met with cramp in some form, and is to some extent familiar with the symptomatology of it, it is unnecessary for me to give a general description of it here, but I will describe a case further on, which has led me to the choice of this subject, and which will be the best means of illustrating the peculiarities of the affection. Cramp attacks both the exterior and interior muscles, and the voluntary as well as the involuntary; it rarely, if ever, occurs as an idiopathic disease, but is usually a symptom of some other disease. It very often appears as a seemingly idiopathic disease, but is nearly always traceable to some other causes, principally connected with the nerve centres, or some organs operating through those centres. But the case which I will now describe I have not as yet been able to trace to any cause, although I am positive that it is in some way connected with the spinal centres.

Case.—August 11th, 1878. I was called at night, to see George M., thirty years of age, and found him suffering from cramp of the flexor muscles of the thigh. I immediately gave him one-quarter grain sulph. morphia, hypodermically. In a few minutes the pain was entirely relieved, and the muscles, which were hard and tense, commenced gradually to relax, and the patient was soon in a comparatively comfortable condition. But any attempt to move the leg in any way caused a temporary return of the pain, therefore, he was compelled to keep it perfectly at rest until the contracted muscles were thoroughly relaxed, and even then, for a day or two, moderate exercise, such as walking around the room, going up or down stairs, would cause the muscles to contract violently again.

Now, this case is rather a singular one to me, having never seen a similar one. Several of our oldest practitioners have seen the case, and say they have never seen a similar one, and cannot trace it to any particular cause. I have searched the works of leading authors, and can find no description of a similar case. For the benefit of those who may take an interest in the study of the case, I will give a brief sketch of his history, as I have obtained it from himself and family. As I before said, he is thirty years of age; single; a farmer; has never had syphilis (nor any of his family, as far as he knows); his parents were healthy; his father died

about three years ago, somewhere near the age allotted to man (threescore and ten); his mother is still living, and the patient himself has always been healthy until the present attack, which commenced about one year ago, and was pronounced muscular rheumatism by his attending physician. Since then several physicians have been called in, and each one has given it a different name, such as rheumatism, neuralgia, sciatica, etc., the two latter, of course, being the same, only in sciatica the neuralgia is confined to the course of the sciatic nerve and its branches, instead of occurring in any part of the body, as is the case with simple neuralgia.

The case now under notice resembles sciatica, in being confined to the course of the sciatic nerve, but there is not the least resemblance in any other respect. In sciatica the pain is usually constant, to some extent, and is increased by walking or movements of any kind, and if relieved by anodynes will soon return again. In this case there is no pain or tenderness on pressure, except during the muscular cramp; in fact, the cramp seems to be the only cause of the pain, as the cramp always begins first, and the pains follow, as is usually the case in all cramps; during the interval moderate exercise has no bad effect. Violent exercise will cause a return of the cramp, and, of course, the pain also. If relieved by anodynes, the pain will not return again, provided the patient remains at rest until the muscles are entirely relaxed (about one or two days). There is no tenderness along the spine, or along the course of the sciatic nerve, or any part of the leg; in fact, during the interval, the man seems to be perfectly well, except that he has a pale, anæmic look, and sometimes complains of being nervous, which fact, I think, is positive evidence that the trouble is in some way connected with the nervous centres, but in what way I cannot tell; neither can I obtain anything from the history of the patient that will lead to the cause of the trouble.

The exact pathology of cramp, like the majority of diseases connected with the nervous system, is not positively known, particularly when it occurs as a seemingly idiopathic affection. Cramp of the stomach, bowels, bladder, or any part of the body, occurring during the progress of other diseases, such as hysteria, epilepsy, etc., can be readily understood, provided the pathology of the disease of which it is a symptom is understood; but, as I before said, this affection, when not connected with any other disease (if it ever so occurs), like epilepsy, is not to be excepted in the statement that our present knowledge of the functions of the nervous system warrants only conjecture with respect to the nature of the morbid perversions which constitute the neurosis. I will be very glad if some of your readers will report similar cases, or say something concerning the pathology of such cases.

A CASE OF UMBILICAL HERNIA.

BY WILLIAM VARIAN, M.D.,
Of Titusville, Pa.

September 18th, 1878, at 8 P.M., I received a summons by telegram, to visit Mrs. R., of Shamburgh, distance seven miles. Reached the house at 10 P.M., and found the patient, a large, robust woman, aged 45, suffering from a strangulated umbilical hernia. The hernia had existed for many years, but had hitherto always been under the control of the patient. On Saturday, the 15th inst., she had eaten a very hearty meal of corn and beans. Soon after dinner the hernia protruded suddenly, and resisted all her efforts to return it. At night, Dr. Meace, of Pleasantville, was summoned, who succeeded in partially reducing the mass, but it was soon completely reproduced. Every effort made for its reduction, by himself and Dr. Thomas Shugert, of Pleasantville, failed, and on Tuesday night I was summoned. I found the protruding mass as large as a pint bowl. The external tissues were very thin, hot, and inflamed, and the tumor emphysematous. Irritative fever, stercoraceous vomiting, and the usual symptoms of strangulation, were present. As I had been called to the case without any explanation of its nature, and had no assistants present, it was impossible to operate immediately. I therefore directed warm fomentations to be applied to the hernia during the night, and copious oleaginous clysters to be thrown high up into the bowels, and repeated until a free action was obtained.

September 19th, at 10 A.M., I met Drs. T. Shugert, Meace, and J. D. Littlefield, at the house. The lower bowels had been freely emptied during the night, the dejections being largely composed of corn and beans. The facial expression was anxious, and the pulse thready and quick. The skin over the tumor was less angry looking and cooler. After anæsthetics, I opened the sac, finding it closely adherent, throughout, to the large mass of omentum which seemed to form the sole contents of the sac. After freeing the sac from its attachments, and unfolding the convolutions of omentum, a knuckle of intestine was found in the centre of the mass. Its surface was emphysematous, of a greenish

color, and apparently in a sloughing condition. On touching it, a thin film of gangrened tissue came away, which was followed by a sanious exudation. The tissues beneath, although dark and livid, were not beyond recuperation.

The constricting ring was enlarged by an incision downward, in the median line, the different folds of omentum carefully separated, the unhealthy parts sponged with a weak solution of carbolate of soda, and the hernia reduced, which proved a work of time and difficulty. The incision was closed with silver sutures, dressed with phenol sodique, and a compress and bandage applied. A hypodermic injection of morphia was given, and McMunn's elixir of opium ordered, in ten-drop doses, at intervals, until the patient was slightly narcotized. Instructions were given not to interfere with the bowels if diarrhœa should set in.

September 20th. I found the patient bright and cheerful. An active motion of the bowels had commenced during the night, the earlier passages consisting principally of corn and beans, the later ones tenesmic. No traumatic fever, no vomiting. Patient clamorous for a better diet than barley water and milk. Directed the bowels to be quieted by opiate and astringent clysters. From this time her convalescence was rapid, and was not interrupted by a single bad symptom. On the tenth day I removed the sutures; the entire line of incision being firmly closed by agglutination.

The special features of interest in this case are, 1st, the length of time during which strangulation had existed, viz., from Saturday noon until Wednesday, 11 A.M.; and 2d, the remarkable rapidity of her recovery from an apparently almost hopeless condition of the bowels.

The difficulties peculiar to the operation were such as are usually met with in this form of hernia; but the unusual capacity of the patient for the exciting cause (corn and beans) would elicit the admiration of any one unacquainted with a woman's energy and perseverance in pursuits dear to her heart.

—By the latest returns there are in France 82,873 persons of unsound mind, 42,986 of whom are in asylums. This gives 23 in 10,000 inhabitants. The men thus afflicted are somewhat more numerous than the woman. Goitre seems to be declining, as also does blindness. The departments where goitre patients are most numerous are those where also the greatest number of blind and deaf mutes are found.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

CLINIC OF PROF. S. D. GROSS, M.D., LL.D., D.C.L., OXON., OCT. 12TH, 1878.

Reported by F. Woodbury, M.D.

Venous Tumor or Mole.

Gentlemen:—You will notice at the outer portion of the upper lip, on the left side of this young lady's face, a small, dark-colored spot, or black mole, which, she tells us, has always been there; or in other words, that it is a congenital growth. This little tumor is quite prominent, and of a dark purple color. It annoys her, not so much from its increasing size, nor from there being any pain connected with it, but from the fact that it is a disfigurement, and injures her prospects matrimonial.

These growths are sometimes covered with coarse hair. They are not wart-like; nothing in their structure makes them at all related to that papillary hypertrophy which is the characteristic of the wart. It has been observed that in advanced life they sometimes show a tendency to cancerous degeneration, and take on malignant epithelial growth.

What I now propose to do for this patient is simply to include this tumor between two elliptical incisions, and remove it by enucleation. For this no anæsthetic is necessary. Having accomplished this step of the operation, a fine hare-lip pin is made to transfix the lips of the wound, and a loop of ligature carried around the pin, drawing the edges closely together, so that the line of incision becomes almost imperceptible. We shall expect union to take place by first intention. It is very important, in operations upon the face, especially on ladies, to leave as little scar as possible. It is not creditable to a surgeon, in performing a simple operation, to leave an unsightly cicatrix, that might have been prevented by forethought and skill.

Congenital Sinus from the Pharynx to the Surface of the Neck.

Peter C., twenty-one years of age, also comes to us with a congenital affection. We have here a very curious and interesting case of sinus in the neck, visible to you all, in this small opening, to the right of the median line, and about on a level with the base of the thyroid cartilage. He reminds me of the fact that seven years ago I operated upon him for the closure of another sinus, which I found led from the trachea to the outside of the neck, as far down almost as the sterno-clavicular articulation. That operation was successful. He now wishes this remaining sinus obliterated.

You notice this small drop of pearly, opaque mucus, on the surface of the neck, to the right of the median line. Introducing a small probe into the opening, we find that a sinus runs up to the greater horn of the hyoid bone, and then winds inward, in all probability communicating with the pharynx. This affection is not, as you might have supposed, exceedingly rare. You may not unfrequently meet with cases where the tract extends down to near the sternal notch

before opening, it may be on one side or upon the other. These sinuses, connecting with the pharynx and upper part of the trachea, are generally solitary; lower down there may be several outlets. I know of only one case where such a sinus was connected with both the pharynx and the trachea.

He tells us that nothing but a few drops of this mucus ever comes from the opening; neither food nor drink ever pass out; but it is a deformity that gives much annoyance, and I, therefore, will now freely open this tract with a probe-pointed bistoury; then introduce a tent of lint, wet with aqua Pagliari, to check the oozing of blood and favor the springing up of granulations, so as to heal it from the bottom. I am not certain as to whether this result will be perfectly satisfactory. If it is unsuccessful, at a future meeting I will apply to it the actual cautery, running a small, red-hot iron as far into the opening as practicable. The sinus that I operated upon in this manner seven years ago has only left this small scar to show where it existed, and we may hope for a similar result from the present attempt.

Hæmaturia and Irritable Bladder—Examination for Calculus.

This young man, who is sixteen years of age, and attends school, tells us that he is suffering from almost constant pain in the bladder, and frequent calls to micturition. You will notice that the specimen of urine contained in this bottle, which was passed by him within the last forty-eight hours, is of a dull red color, and clearly contains blood; the sediment, amounting to at least two-fifths of the quantity of the fluid, is seen at the bottom, and evidently consists of blood and mucus. This youth informs me that he has been suffering from these symptoms for about four months, and that they came on without any assignable cause. He has had no other sickness; has not been particularly exposed to cold or wet; nor has he received any severe kick or blow. Every night he is obliged to rise and pass his water three or four times, and about ten times during the day, making thirteen or fourteen times during the twenty-four hours, much more frequently, you observe, than a youth at this period of life should be required to void his bladder. Three or four times a day would be about the proper frequency, judging from my own experience when I was a boy; but that has been some time ago, and as the times have changed very much since then, in other respects, perhaps they have also in this. If I am correct, he is called to urinate about three or four times as often as he should be. The pain he complains of is burning, stinging, darting or lancinating, and is located in the bladder and perineum. It is very severe during micturition, sometimes preceding, but always persisting after the act. He also feels the pain in walking, in riding in the street cars, and when bending the body forward. He passes only a small amount of urine at a time; he says it sometimes stops suddenly while flowing. For the last two months his water has been more or less blood-colored. The affection first appeared during the hot weather, the earliest symptoms that attracted his attention being the pain in his bladder. He sometimes is obliged to grasp his penis firmly, to relieve the pain, and you notice his phimosis, and a long, narrow, contracted prepuce. He says that he cannot project a stream to any distance, and the flow is often interrupted. He has no pain in the loins, his appetite is good, there is no trouble in digestion, and the bowels are not constipated. His hands and feet are warm; the tongue is clean; and the vesical trouble is the only one complained of.

However objectionable leading questions are, as a rule, I have been obliged to resort to them here, and in consequence the testimony is not so direct as if the symptoms had been all detailed by the patient without any prompting. Nevertheless, it is very evident that there is some trouble in the genito-urinary tract, and it is for us to determine, in the first place, whether it is produced by a stone in the bladder. Proceeding to examine him for stone, we have him placed on his back upon a hard bed, and have the drawers completely removed. As he has been cautioned against passing his water for a few hours, the bladder now contains about four ounces of urine. Taking a nickel-plated sound, of medium size, with a broad, firm handle, oiling and warming it, I gently pass it through the urethra, and sweep the bladder with its curved extremity, exploring in turn the fundus, next the right wall, then the left, and finally the base. The sound has not encountered any calculus, and I can find no tumor. I have not said that no stone exists, but merely that at present I am unable to detect it. I will, in the course of a few days, make a further examination; indeed, it might sometimes be necessary to make half a dozen before encountering a concretion. No prudent surgeon would assure the patient that he had no stone in his bladder, merely because the search had been unsuccessful. The operation of sounding for stone is not without risk, and should not be undertaken hastily and without due deliberation, and particularly some preparation of the patient. If he had just come from a long journey by railroad or carriage, he should be allowed to wait for a few days, until his system has recovered from the fatigue of traveling, before this operation, which should at all times be done very gently, for fear of exciting peritonitis. Death from shock has followed this apparently simple proceeding. I mention this to show you that caution is necessary. You should not, for instance, examine an office patient in this way and allow him to go about his business. In sounding the bladder, a certain amount of water must be contained in its interior, for if it be empty the walls will contract upon the instrument and embarrass the operator; on the other hand, if too full, the stone will be lost or drowned, so to speak, especially if it be of small size. There should not be less than three or four ounces in the bladder at the time of examination. In adults, or when the prostate is enlarged, you may introduce the left forefinger into the rectum and lift up the *bas fond* of the bladder, and so detect a stone which was lying hidden in the valley, out of reach of your sound.

Were it not for the presence of the blood in the urine we might be led to attribute all the symptoms of vesical irritability to this contracted

prepuce. The source of this blood can only be detected by the microscope; it may be from the kidney or from the bladder. If the former, the urine will give evidence of renal disease, by the presence of epithelial casts; if it is due to exosmosis or papillary oozing from the bladder, these casts would be absent, and there would be nothing but mucus and vesical epithelium. The irritability might be reflex in its character, but the hæmaturia shows that there is some serious difficulty behind the curtain. We shall examine him again at the next clinic day. In the meantime he may be rendered comparatively comfortable by carefully regulating his diet. He must have positively no meat whatever, no hot bread, no coffee, nor indigestible food; but shall be given plenty of milk, poached eggs, stale bread, the lighter vegetables, oatmeal gruel or mush; in other words, plain, simple, non-irritating diet.

As an anodyne at night, and to reduce the number of evacuations of the bladder during sleeping hours, we will give him a suppository containing a quarter of a grain of morphia, which he shall introduce about one hour before going to bed, which will be gradually absorbed, and produce a soothing effect, not only upon the pelvic organs, but upon the system at large. He shall keep himself as quiet as possible during the day.

Empyema, with Spontaneous Opening, Followed by an Immense Abscess and a Permanent Fistula, with Pneumothorax.

This poor man, a German, about forty-five years old, came under my care during the intensely hot weather of last summer. He was then suffering from hectic, was greatly emaciated, and had an enormous abscess on the posterior surface of the chest, on the left side. This I laid open freely at my first visit, and liberated a large amount of thin, badly elaborated pus, not the yellow, creamy discharge that would come from a person in comparatively good health, but strumous or scrofulous pus, which is peculiar to scrofulous states of the system, and is expectorated in large quantities by persons suffering from pulmonary tubercle.

The abscess continued to discharge for a long time after I ceased to attend him; in fact, he now shows us that the original disease is not quite healed, for here are ulcers on the outside of the thorax, from which comes a small amount of the same scrofulous discharge. The ulcers are surrounded by an area of discolored and devitalized skin, under which a probe can be passed in every direction, showing that it has no connections with the cellular tissue beneath. This pocket is lined by a pyogenic membrane. The cellular tissue around an abscess, as you know, ordinarily contains a deposit of lymph, which, while it limits and forms the wall of the abscess, also furnishes pus, and hence is termed a pyogenic membrane. An abscess may appear in any portion of the body, originating in simple inflammation, or as a scrofulous outgrowth; it may be complicated with necrosis, especially of the smaller bones, or may appear in internal organs, such as the liver, and, as you know, often occurs in the lungs, in connection with phthisis. It might have been well supposed, from its location, that the primary abscess was connected with the left kidney, had it not been so superficial. I found also, upon examination, that the left lung was consolidated in its lower lobe.

The abscess should never have been allowed to attain the enormous size that it did; you will remember that I introduced my knife on my first visit, but this should have been done some time before; such an abscess should always be opened as speedily as possible.

The patient's tongue is red, and coated with thick mucus, showing chronic disorder of the stomach. He complains of flatulence and dyspepsia; his appetite is poor; the bowels are irregular, and inclined to diarrhœa. He has no strength, his muscles are flabby; but emaciated as he appears, he has improved wonderfully since I saw him last summer.

The secretion shows a tendency to accumulate under the skin, which I will, therefore, trim off with the scissors, as its presence interferes with repair and the application of remedies. At the lower part there is a fistulous orifice, between the ninth and tenth ribs, through which, as you see, the air bubbles up on forced expiration, clearly escaping from the pleural cavity. A discharge, strumous in character, wells up from the chest. Having removed this skin, we will apply an elm poultice, which shall be renewed twice in the twenty-four hours, to aid the granulating process. I wish to say that I had not seen this man for three or four months when he came to my office the other day, and I directed him to come here to-day for examination. This is an interesting, and in many respects an instructive case. The prognosis is very doubtful, or perhaps hardly doubtful, as the affection is likely to prove ultimately fatal. He has more or less of a cough all the time. He is taking tonics, and I will give him, in addition, two grains of opium at night, as an anodyne.

Perineal Fistulæ, with Stricture.

George W. J., forty years of age, is brought here by Dr. Rice, for examination. He had gonorrhœa eighteen years ago, followed by signs of stricture. Two years ago he had an abscess in the perineum, followed by a permanent fistulous orifice, through which the urine escaped in micturition. Last November he had another abscess and fistula, and in March he had another abscess, which healed without a fistula.

On looking at the parts, we see an opening upon the right side of the *raphé*, behind the scrotum, and another farther back. The parts are indurated by the deposit of lymph, and are reddened. He has still some gleety discharge. Trying to pass a metallic bougie, we find an obstruction, or stricture, near the meatus, and beyond this, an impassable one, about three inches below.

The only thing to be done for this man is to give him an anæsthetic, and to explore the passage of the urethra, and see what can be done for his relief. Nothing should be attempted without due deliberation. He shall be put to bed in the ward, and have anodynes, good food and perfect rest. As I intimated, in speaking of a former case, it is a ticklish thing to interfere with the urethra. Chills often follow the intro-

duction of the sound, and may even threaten life. The most careful use of a catheter or a bougie on a healthy man may lead to urethral fever and the worst results.

Gonorrhœa is the great cause of stricture. This shows the importance of paying proper attention to the treatment of gonorrhœa in its early stage, as the attendant's neglect often seriously affects the future comfort of the patient.

Foreign Body in the Œsophagus.

The mother of this little four-year-old boy says that in August of last year he swallowed a Centennial medal, made of pewter, which was about the size of a silver quarter of a dollar. He nearly strangled at the time, and has had great difficulty in swallowing ever since. In eating he sometimes chokes, and vomits a mouthful, and complains that "it is still there." He eats very slowly, swallowing fluids pretty well, but always has trouble when he attempts to eat pieces of meat or bread. He complains of pain, which he locates under the middle and upper part of the sternum.

Now, if this little boy swallowed the substance, the probability is that it is still in the œsophagus or in the stomach, for if it is as large as has been stated it could not pass the pyloric orifice in a child of this size, in whom a penny, however, might readily traverse the entire alimentary tract. If the medal remains in the stomach, it may ulcerate through its wall, and even into one of the large adjoining blood vessels. What effect the gastric fluids would have on an alloy such as entered into this coin I do not know, but a more innocent tenant than a piece of silver in the tissues could scarcely be found.

In order to examine this child's œsophagus it will be necessary to give him an anæsthetic, to overcome his struggles, as he is too young to cooperate with us in our efforts to relieve him. At the next clinic day he shall be brought before you for this purpose, when the proper probangs and special instruments suitable for the operation will be shown and explained to the class, and their methods of use demonstrated.

LONG ISLAND COLLEGE HOSPITAL.

Reported for the MEDICAL AND SURGICAL REPORTER, by WINFRED WYLIE, M.D., House Surgeon.

Complete Outward Dislocation of the Forearm.

"The large majority of outward dislocations of the forearm are incomplete; indeed, only nine examples of a complete dislocation have been collected by Denner, including two seen by himself. Malgaigne has since added two more, making in all eleven cases. All these examples have occurred in the practice of French surgeons. So far as I am able to discover, no American or English surgeon has ever reported a single example."—*Prof. Frank H. Hamilton.*

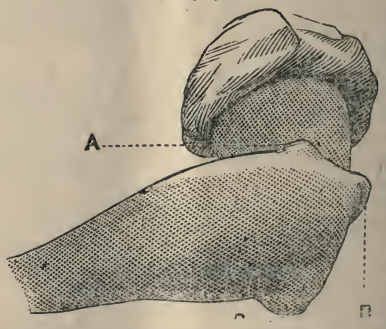
History.—Edward Baker, aged thirty-eight, native of St. John's, Newfoundland; occupation, sailor. *Service of Dr. S. D. Mason.* Patient was engaged in a fishing enterprise, in 1862. While fishing, standing on a staging, formed of three-inch sticks, laid crosswise, three inches apart, he fell, with one arm raised, striking on the inner side of the elbow; at the same moment a barrel of fish, weighing two hundred and fifty pounds, fell over, striking the arm about three inches above the external condyle. Upon rising he found the arm flexed at a right angle and pronated, and that he could not move it. No attempt at reduction was ever made, nor was there any retentive apparatus applied. He put the arm in a sling, and after a couple of months he commenced using it a little. At the end of two years his arm was sufficiently recovered to permit him to return to his sailor life, which he followed up to six months ago, when he was admitted to the Long Island College Hospital, for other injuries.

Condition of the arm now, seventeen years after the accident. The inner border of the ole-

FIG. 1.

cranon process rests upon the external border of the humerus, two inches above the external condyle (Fig. 2), where, probably, an articular faucet has been developed; external to this is the head of the radius, which can be recognized by sight, but more surely identified by touch. The internal condyle of the humerus projects nearly two inches from the inner surface of the forearm (Fig. 1). When extended, the radial border

FIG. 2.



presents a gentle outward inclination, from the elbow down (Fig. 1). This may be greatly increased or decreased by manipulation.

This extremity is about three inches shorter than its fellow, measuring from the tip of the acromion to the styloid process of the radius, and the forearm is nearly three inches shorter than the opposite one, measuring from the internal condyle to the pisiform bone. The patient has full control of this limb, can flex or extend, pro-

nate or supinate it, as easily as the other arm, and he thinks it is in every particular as serviceable as the other. The accompanying cuts illustrate the deformity at the elbow, but as he is a very muscular man the malposition is not so patent to the eye as to the touch. The subject of this sketch has been repeatedly examined by the members of the Hospital surgical staff, and their examinations confirm the above statements.

Medical Societies.

COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the regular meeting, Feb. 5, 1879, several

Cases of Hepatic Abscess,

with remarks upon the varieties, etiology, and diagnosis of the disease, were presented by Dr. Louis Starr, Physician to the Episcopal Hospital, Assistant Physician to the Children's Hospital, etc. He remarked:—

In his work on "Diseases of the Liver," Dr. Murchison divides hepatic abscesses into two classes, viz., the *Pyæmic* and the *Tropical*. In the first are placed those cases which originate from external injuries and surgical operations, from ulcerations of the stomach, intestinal canal, gall bladder, or bile ducts, or from any other source of purulent absorption, and in which the abscesses are small and numerous. It includes, in general terms, all cases occurring in temperate climates, and also those which occur in hot climates as a result of dysentery.

The second class embraces those which originate in tropical climates, in which the suppuration cannot be ascribed to dysentery, to a pyæmic source, or to mechanical violence, and in which it is exceptional to find more than one large abscess.

Though this classification is in opposition to the theory of Budd, which refers all hepatic abscesses not due to external injury to purulent infection of the radicles of the portal vein, resulting from ulceration of the gastro-intestinal canal or bile ducts, the frequent existence of a distinct variety of abscess in tropical countries is established by facts adduced by Frerichs, Morehead, Waring, and other authorities. For example, of 204 cases of abscess of the liver, collected by Waring, there were no intestinal ulcerations, cicatrices, or abrasions—in other words, no source of pyæmic infection—in 51, exactly one-fourth. This form, the tropical abscess, is attributed to a chill taking place in a person whose liver has been congested by residence in a hot climate, aided by exposure to malaria and by irritating ingesta, and is the result of an acute idiopathic inflammation of the hepatic tissue.

The chief distinction between the two classes would seem to be an etiological one, for, while in typical examples of either group the symptoms and physical signs are somewhat different, there are other cases where they are identical. Such is the fact also, according to my limited experience, in regard to the anatomical conditions, the distinction founded upon the large size, the small number (from one to three), and the tendency of tropical abscesses to burst externally, or into the pleura, lung, or intestinal canal, as contrasted with the opposite characters of pyæmic abscesses, being not always observable.

The following cases tend to prove the truth of these statements, and, at the same time, illustrate the clinical features and the pathology of pyæmic abscesses of the liver. The speaker here read the reports of several cases in point, and continued:—

The diagnostic features of pyæmic abscesses of the liver, as met with by the physician, may be considered under two heads—the rational symptoms, including the general and local symptoms, and the physical signs. The rational symptoms are jaundice, varying considerably in intensity; emaciation; progressive prostration; rigors or chills, showing a tendency to assume an intermittent type; pyrexia; profuse sweating; a red and glazed tongue; infrequent vomiting; diarrhœa, with evacuations containing small masses of mucus and blood, indicative of ulceration of the large intestine; and a sense of distention and pain in the region of the liver, the pain being often increased by coughing, or by a deep inspiration. The physical signs vary considerably with the number and size, and the position and course, of the abscesses. When multiple and small, they show no disposition to point, and the signs are those of moderate enlargement of the liver, with tenderness on manipulation. When there is but one or, at most, two or three large collections of pus, the opposite tendency is observed in regard to pointing, and the signs are the same as in tropical abscesses. Thus, if there be a large abscess situated in the posterior portion of the right lobe—the usual situation—in addition to enlargement and tenderness over the liver, the intercostal spaces will be effaced, and the ribs elevated and pushed outward. If the abscess point below the margin of the ribs—the direction taken when seated upon the convex surface anteriorly—the signs will be still more complete, for together with the above there will be great, often irregular, enlargement in a downward direction, and a tumor, at first ill-defined and firm, afterward more prominent and fluctuating. The skin covering this tumor is, in the beginning, quite movable, and sometimes œdematous; subsequently it becomes adherent over a limited area, and reddened, the adhesions being preparatory to the discharge of the contents of the abscess. It is apparent, therefore, that it is only in the last condition (which, by the way, is rather an unusual one), that the signs are at all peculiar.

Of the two sets of clinical characters, the physical signs are by far the more valuable for diagnostic purposes, and when well developed, and especially if attended by the rational symptoms, the disease can be readily detected. But since, as already indicated, it is unusual for the abscess, even when single and large, to be so situated as to give rise to specific signs, and since the rational symptoms are so often latent or masked, the frequency with which the disease escapes discovery until inspection after death, is easily explained. In some cases, though an abscess can be detected in the hepatic region by manual

exploration, uncertainty may be felt in regard to its connection with the liver, on account of the signs or symptoms being imperfectly developed; in such doubtful instances important information may be obtained by a microscopic examination of a portion of the contents.* In the case of the boy mentioned, the material removed by the aspirator contained "pus cells, compound granule cells, blood corpuscles, and numerous polygonal cells, having well defined nuclei, and resembling liver cells."

It is impossible, of course, to draw any conclusion from these few examinations, but the characteristic microscopical appearances of the material removed from hepatic abscesses would seem to be the presence of cells resembling liver cells, generally in various stages of fatty degeneration, and perhaps, also, of crystals of biliary coloring matter.

Tropical differ from pyæmic abscesses in having a stage of hepatic congestion preceding the symptoms and signs incident to the formation of pus; afterward the rational symptoms differ only in degree from those of the latter class.

Without considering the treatment of this disease in detail, there is still one point that may be referred to, and that is the difficulty of evacuating the abscesses by means of the aspirator. This difficulty arises from the liability of the canula, even when large, to become plugged by the masses of broken down tissue floating in the pus. It has occurred in two of my cases. When the pus is deeply seated, or when adhesions with the parietes are imperfectly formed, it would certainly be unwise to resort to any other mode of evacuation; but if the pus be near the surface, and the adhesions firm, an incision with a bistoury is equally safe, and is preferable, because more successful.

At the conclusion of Dr. Starr's paper, a

Case of Hepatic Abscess

(reported during the discussion on the preceding paper) was added to the discussion by George H. Horn, M.D., as follows:—

James C., aged 82, a master bricklayer, of florid complexion and good physical build; had always been strong and very healthy until the date of his last illness. In November, 1875, he presented all the symptoms of hepatic congestion, which were relieved by treatment. He regained his strength slowly during the month of December, and, in spite of strict injunctions to the contrary, left the house on a cold, drizzling day, about Christmas time, and had a return of his previous symptoms, but in a more severe degree, and on this occasion preceded by a heavy chill. The symptoms now failed to yield to the treatment previously adopted, and there soon appeared a throbbing sensation in the right hypochondrium, followed in a week by an evident tumor and great tenderness on pressure. The swelling first became apparent about the third week in January, and gradually enlarged, so that by the end of February the tumor extended to the crest of the ilium, and in the middle, to the navel. About the 1st of March the swelling under the edge of the ribs became more convex, and the skin slightly red, and apparently thinner.

Becoming satisfied that there was an abscess, and that the skin was adherent, it was determined to discharge the contents gradually. This was done by means of a large trocar and canula, and for the first three days a pint was drawn off each day. The tumor now decreased in size rapidly, while more favorable symptoms began to appear, and the appetite returned. Each day varying amounts of pus were withdrawn, the opening being kept patulous by means of a plug of waxed muslin. The tumor, as such, finally disappeared, but not until twelve pints had been discharged. The record of the amount was carefully kept until within a few weeks of the patient's death, when the daily amount of discharge did not exceed half an ounce.

The pus in the earlier discharges was of good, healthy color, thicker than usual, flowing very slowly through the canula, and mingled with shreds of tissue. After a few days, however, the pus became more fluid, and during the later weeks was dark and irritating. The duration of the case as one of abscess was from the middle of January to July 26th, when the patient died of exhaustion and blood poisoning.

Throughout the entire progress of the case the bowels were constipated, but responded readily to mild cathartics. The appetite, after the first tapping, was good, and full diet and milk punch were given, and all means used to support the system under the drain. The patient, however, gradually lost flesh, and died as above stated. No autopsy could be obtained.

The points especially noteworthy in this case are, the age of the patient, the duration of life under the exhausting nature of the case, and the amount of pus discharged. The treatment was essentially a supporting one, with mild laxatives for the bowels, and cataplasms externally. No other local treatment than that mentioned was attempted, as the probabilities were against any hope of recovery or improvement.

Natural History of Naso-Pharyngeal Polyps.

M. Samondes (*Revue Mensuelle de Médecine et de Chirurgie*, November, 1878) gives the result of sixteen cases of naso-pharyngeal polyps, which show that the chances of recovery seem to multiply with the advancing age of the patient. At the age of eighteen the chances of recovery are numerous; in adults there is every probability of arresting successfully the advancing growth of the tumor through extirpation. If it should not have been extirpated entirely, so that a portion of it still adheres to its soil, this remains stationary, and no future increase of growth is observed. If, however, the tumor have been entirely cut out, it seldom recurs. The method of treatment employed in regard to a patient of tender age would, therefore, be very simple, the principal thing being to gain time. If, however, there be imminent danger, it would be advisable either to pull the polyp out or cauterize it, crush it with the forceps, employ a ligature, or even, in extreme cases, to make an incision through the palate.

* Dr. Fenwick, *Lancet*, November 17th, 1878, cites a number of cases, illustrating the diagnostic, as well as prognostic, importance of such an examination, but does not minutely describe the microscopical appearances.

Editorial Department.

Periscope.

General Paralysis in Women.

At a meeting of the Psychiatrischer Verein, at Berlin, Dr. Jung gives the result of his inquiries into this subject. General paralysis, he observes, is commoner with women than has been hitherto thought. It is commonly stated at the rate of one woman to eight men, the same proportion as Krafft Ebing gives to tabes dorsalis. This is putting it, for women, too low. General paralysis, especially within the last few years, has prevailed to a great degree with women, as with men of the lower classes, owing to the heightened struggle for existence, and to the increased abuse of coffee and ardent spirits. At the same time there has been an increase, almost as great as that of general paralysis in men, in the number of demented women. We find in women, after years of dissolute life, with alcoholic and sexual excesses, a used-up, fatuous condition, accompanied by paralytic symptoms, not taking the type of general paralysis.

As the result of his observations, Dr. Jung presents the following conclusions: Paralysis in insane females is increasing in the lower ranks. This increase is only an expression of the increasing misery and lack of resistance in these ranks.

It is a disease of the climacteric period, whether this occurs at the normal time or prematurely. It attacks patients who have an acquired or congenital weakness of the nervous system, and a predisposition to vaso-motor disturbances. Heredity has much to do with its production and with its complications with other forms of insanity. It comes upon women at a later stage than upon men. It lasts, on an average, from one to two years, seldom running a rapid course. In most cases there are delusions, often of an extravagant character, as occurs in men afflicted with the same disease. It is ushered in by a short stage of melancholia. Sexual excess was not found to be an exciting cause, either in men or women. The women affected with general paralysis were either childless, or had only one child, or the children were still-born, or died young.

The Relations of Occupation to Insanity.

Dr. Kirkbride says, on this subject, in his last Report as Superintendent of the Pennsylvania Hospital for the Insane, referring to the usual inference, that the occupation of farmer is more likely than any other to superinduce insanity, and while controverting this theory—

"Healthful, however, as agricultural pursuits undoubtedly are, farmers, and farmers' wives or daughters, are not in any way exempted from the moral causes which so often affect all classes alike, and have so much to do with the production of insanity. They are, like others, liable to all the effects resulting from certain forms of ill health, from which none can claim exemption; to the many heart-rending scenes of grief and sorrow, which come to them as to all; they are exposed to the destruction of the fondest and most cherished hopes, to the loss of property and position, and to the many other causes of mental anxiety which are among the constantly recurring incidents of life.

"The number of merchants and clerks is nearly alike, and approaches that of farmers, while the professions of law, medicine and divinity furnish, in proportion to their relative numbers in the community, a still larger proportion. Almost all forms of occupation have had their representatives here, but except in regard to those already referred to, there seems to be little specially requiring notice. One point, however, should not be overlooked, that apparently any occupation is better than none, for there were more admitted having no occupation than of any other class, the number being six hundred and six, or one-seventh of all the male patients that were received. While it must be conceded that there is a very great diversity in the healthiness of different occupations, it must also be acknowledged that a reasonable amount of labor of some kind is actually necessary for the most perfect development of the mind, as of the body."

Referring to the frequency of intemperance as a cause of insanity, the superintendent says: "In regard to many of these, it has been found that the habit has gradually been acquired by the use of articles which might fairly be classed as among the remedies for the relief of pain or the removal of restless feelings, or the production of sleep. * * * The whole class of remedies, as a rule, should be made into a form of mixture that would conceal their actual character, should be measured out, under precise instructions, from a bottle, like other medicines, and no harm would be done if the usual directions for caution were placed on the bottle. If the word 'poison' prominently printed on it would increase the vigilance of those using it, it might be truthfully added."

Chorea and its Treatment.

Dr. Hayden says, in the Dublin *Journal of Medical Science*—

The attack is, in most instances, directly traceable to fright or other emotional excitement of a depressing character, operating upon a nervous and feeble constitution, and at a period of life when the receptive faculties are most sensitive. If I must have a theory of chorea, I should say that the attack commences with vasomotor paresis, resulting from a profound emotional impression, and that the essential symptoms are due to defective polarity or dynamic instability of the motor nerve tracts, both intracranial and spinal. On this hypothesis the vascular congestion, central and peripheral, of the brain and cord, with occasional extravasation, and in inveterate cases, central sclerosis, noted by Dickenson, might be explained.

The history of most cases of chorea, and the

success attending a nutritive and tonic plan of treatment, might also be adduced in support of this view of its pathology.

Reasoning from the foregoing premises, I concluded that phosphorus and strychnia combined—the former a nerve nutrient of recognized value, and the latter a nerve tonic of great potency—might prove efficacious in the treatment of chorea. As yet my experience of this plan of treatment has been very limited, extending only to three cases, but so far it has been eminently satisfactory, and I venture strongly to recommend it for further trial. The first of the cases above reported would inevitably have been lost under any other treatment known to me, and death was close at hand, when phosphorus and strychnia were given, in the last resort; under the use and through the efficacy of these agents the child was, within the short period of fourteen days, cured of the disease, which had previously defied treatment.

Both strychnia and phosphorus are already familiar to physicians in the treatment of chorea. Trousseau had great confidence in the former, pushed to its toxic limits; and the latter was given many years ago by Radcliffe, and is, I believe—or its equivalent, hypophosphite of soda—still given, and strongly recommended, by that eminent physician; but I am not aware that strychnia and phosphorus combined have been previously administered for the cure of chorea. This is, however, a matter of minor importance, in view of the therapeutic result.

Delivery by the Forceps, before the Os Uteri is Fully Dilated.

This procedure is strongly recommended by Dr. George Johnston, of Dublin, in a recent article given in the Dublin *Journal of Medical Science*. He says there never was any serious injury inflicted on the head of the child by the blades of the forceps; sometimes a slight abrasion on the head occurred, and occasionally we had facial paralysis, but in all cases it passed off in a few days.

I think it is amply proved that the practice I have recommended is not alone safe and justifiable, but also a great preservative of the lives of both mothers and children.

In speaking of this proceeding, I consider it necessary to state that, although in such cases the os uteri was dilated only to the extent mentioned, it, nevertheless, *must have been dilatable*—*i.e.*, capable of further expansion. Should it be rigid, the usual means for relaxing it must be adopted previous to attempting to operate. But before going further, I must here caution the practitioner that this operation (as in any case where the forceps is used to aid delivery) is not without danger in unskillful hands, by whom it should never be attempted; but if performed by those who have thoroughly acquired that great delicacy of touch so essentially necessary in the obstetrician, and who have had sufficient experience in the use of the forceps—in their hands, when properly and carefully employed, it is perfectly safe and its use justifiable (not in any manner injuring the soft parts), for it not only in a great measure secures the safety of the mother, but tends materially to the preservation of the life of the child. The former, by obviating the danger produced by prolonged pressure of the fetal head on the maternal soft parts, and all its evil consequence, and the latter, by preventing interference with the placental circulation, endangering the life of the child, particularly in cases of early rupture of the membranes.

The Surgical Treatment of Chronic Metritis.

Dr. A. Martin, of Berlin (*Berl. Klin. Wochenschrift*, No. 42, 1878), recommends the removal of the cervix uteri in those numerous cases of chronic metritis which resist all other medicinal and local treatment. By "chronic metritis" he understands a connective-tissue overgrowth of a part or the whole of the uterus and cervix, the result of flexions, abnormal menstruation, etc., and especially of incomplete involution of the puerperal organ. "What we must remember," he says, "in treating chronic metritis is, that we have to do with changes of wide extent in the tissues of the whole uterus, while at the same time its mucous membrane has, as a rule, undergone alterations of a severe and not always benign character." The *rationale* of amputation of the cervix appears to be, that a fatty metamorphosis of the hypertrophied connective tissue, analogous to that which occurs in puerperal involution, is produced. At any rate, Dr. Martin has not only theory, but practice in his favor. He has performed the operation seventy-two times in cases of chronic metritis. Half of these cases had been long treated by the ordinary methods without benefit. All of them exhibited changes of the mucous membrane, and greater or less enlargement of the uterus, both in length and thickness. In most of them the cervix (and especially the lips) was much hypertrophied. The symptoms were usually profuse secretion, irregular and abnormal menstruation, severe hypogastric and pelvic pains, digestive disturbances, and hysteria. About four or five centimeters of the cervix were removed in each case, and on recovery from the operation it was generally found that the uterus was reduced in length another one or two centimeters. At the same time, as a rule, the thickness of the uterine wall diminished, and eventually the consistence of the uterus became normal, while nearly all objective, and many subjective, symptoms disappeared. In three cases sterility of long standing was cured, it being remembered that nearly all the operations have been performed within the last two years.

Value of Venesection.

M. Chauffard (*La Presse Medicale Belge*), thinks that phlebotomy is at the present day often neglected in cases where it might be found very useful. He lately had under his care in the hospital a young man, twenty years of age, robust, moderately stout, and rather plethoric, who, after enjoying good health, had a severe attack of hæmoptysis. By occupation he was a stone cutter, and doubtless the attack had been excited by the irritation caused by inhalation of the dust. The symptoms having lasted for three

days without any signs of improvement he entered the hospital. After examining the lungs, and finding them free from any serious disease, M. Chauffard prescribed blood letting to the extent of 500 grammes. The result was very remarkable, for the hæmoptysis, which had continued up to the time of the operation, ceased immediately afterward. His appetite and strength soon returned, and the blood so quickly recouped itself that no trace was left of the double loss it had undergone. It may be observed that the above is the inverse of what takes place in those cases in which a suppressed normal hemorrhage gives rise to one that is vicarious of it. It is not, however, merely the accidental attack of hemorrhage that may be arrested in this manner, for it should be borne in mind that the hemorrhagic molimen to which, by habit, an organ has been subjected may be a source of danger. For instance, one of the most useful applications of blood letting is the prevention of those catamenial congestions which persist after impregnation, and which lead to the separation of the ovum.

Nerve Stretching in Anæsthetic Leprosy.

Surgeon Laurie, M.D., Resident Surgeon of the Medical College Hospital of Calcutta, states, in the India *Medical Gazette*, that owing to the difficulty in following up cases in dispensary practice, he has not been able to report upon one complete case of local anæsthesia treated by nerve stretching. One such case has, however, now occurred to him, and the result is satisfactory. A European female consulted him on March 22d, having suffered for four months from pain and tingling in the hand and forearm, gradual loss of sensation in the ulnar area of the hand, and a peculiar weakness and stiffness in the fingers. The ulnar nerve was much thickened; the ulnar area of the hand was of a dull red, with complete anæsthesia all over this discolored patch; and the hand had a wasted appearance, due to atrophy of the muscles supplied by the ulnar. The nerve was stretched the same day, under chloroform, and in a few days considerable improvement took place. When the patient was seen, six months afterward, no trace of disease existed in any part of the hand, forearm, or arm, the woman having been quite well from the time the wound had healed.

Warburg's Tincture in Malarial Diseases.

Dr. Wm. Owen, of the Bengal Medical Staff, writes to the Dublin *Journal of Medical Science*—

The following are the conclusions to which I have been led from a careful observation of the cases which have come under my notice:—

1. That Warburg's tincture is a remedy of great value in remittent fever—in some cases preventing a return of the exacerbations; in others, and these the most numerous, diminishing the intensity of the exacerbations, and rendering the remissions distinct, thereby lessening the force of the fever and opening the way for the subsequent beneficial action of quinine.

2. That in bad cases of intermittent fever it often acts as a charm—in some cases dispersing the paroxysms, not to return; in others diminishing their force and lessening their duration.

3. That it appears to act on the fever *per se*, at the same time increasing the subsequent beneficial action of quinine in a marked degree.

4. That it may be administered with perfect safety by competent hands, to children as well as adults.

5. That moderate perspiration produces as good results in these cases as excessive, and the former can, if necessary, be repeated by repeating the dose.

6. That excessive perspiration and consequent debilitating effects (this urged as an objection against it) may be prevented by regulating the dose.

7. That in remittent fevers of a typhoid type, with high temperature, this medicine may be administered with great advantage, care being taken that the dose and subsequent perspiration be not excessive, and any symptoms of debility being combated with stimulants.

The Spontaneous Development of Typhus.

On this subject Dr. James Martin sets up the following conclusions, in the Dublin *Journal of Medical Science*:—

1. That typhus may arise spontaneously, from personal dirt and overcrowding.

2. That it is peculiarly dangerous to women soon after confinement.

3. That it is seldom very severe on children—that they seldom, if ever, have the typhus eruption, and that they generally recover.

4. That the period of incubation is about ten days.

5. That when one member of a family has become affected, the only chance of preserving the remainder is to institute perfect ablutions of all remaining members; to burn beds, to provide clean bedclothes, and thoroughly disinfect and wash, if possible, all the old bedclothes and garments.

Reviews and Book Notices.

BOOK NOTICES.

The Diseases of Live Stock, and their Most Efficient Remedies. Including Horses, Cattle, Sheep and Swine. A Popular Treatise, giving in brief and plain language a description of all the usual diseases to which these animals are liable, and the most successful treatment of American, English and European Veterinarians. By Lloyd V. Tellor, M.D. Illustrated. 1 vol., 8vo, cloth, pp. 469. Published by D. G. Brinton, 115 South Seventh street, Philadelphia. Price $2.50.

Comparative Pathology is a recognized chair in many of the European universities. In this country no such chair exists, although the

University of Pennsylvania talks of establishing one. The diseases of the lower animals are both theoretically and practically of great interest to the physician; theoretically, as throwing much light on the maladies of the human race; practically, because every physician becomes a horse owner, and, if he practices in the country, is sure to be consulted by his neighbors about the diseases of stock.

The work before us is the production of a physician, who, as the preface informs us, has spent his life in the country, and has made a practical study of the diseases of the lower animals. His own observations have been enlarged and corrected by a close study of the most eminent authorities in Great Britain, Europe, and this country. And the results are presented in direct and clear terms, addressed to the ordinary reader, but exact, and truly exponent of the latest scientific research. He does not go far into pathology, but is especially full in treatment. Generally this is slurred over with a few vague directions; or else only one plan of treatment is given, that which the author prefers. But Dr. Tellor, in all instances, gives, from three or four of the best authorities in the world, what they especially recommend for the disease under consideration, quoting the exact formula, with the rules for using it. He is, however, an independent thinker, and clearly states his own views as well.

The work is divided into four parts, as follows:—

Part I. — General Principles of Veterinary Medicine.

Part II.—Diseases of the Horse.

Part III. — Diseases of Cattle, Sheep and Swine.

Part IV.—Subjects Connected with Veterinary Practice.

Under the first of these headings we have a brief description of the anatomy and physiology of the domestic animals, showing their peculiarities of structure and differences among themselves, as the various stomachs, breathing and food apparatus, reproductive organs, length of pregnancy, the nursing, care and diet of sick animals, giving directions for their stabling, cleaning, disinfection, slinging, special diet, and so on; the forms and methods of administering veterinary medicines, weights and measures, etc.; and the most necessary veterinary surgical instruments and their uses.

The next two parts describe the diseases, each being considered as to its causes, symptoms and treatment.

The fourth part discusses the subject of the hygiene of stock, including instructions for keeping the horse in condition and the rules of health to be observed in fattening animals; also, the principal poisons, vegetable, mineral and chemical, which, through accident or design, the animals occasionally take; and finally, two lists of the more important drugs employed in veterinary medicine. In the first list they are arranged in alphabetical order, with descriptions, doses, and formulæ. In the second they are arranged according to their action on the system.

A careful and thorough Index concludes the volume.

We believe the book will be a most valuable addition to the library of every physician, giving him just enough of veterinary science to meet all practical demands upon him, and being an excellent introduction to the elaborate treatises on the subject, should he care to pursue it.

Yellow Fever. By Thomas O. Summers, M.D., Professor of Anatomy in the University of Nashville. 8vo, pp. 72. Wheeler Brothers. Price $1.00.

Of the numerous monographs which the epidemic last summer has given occasion for, this is as instructive as any we have met. Dr. Sommers believes that yellow fever is extended through the air, but only when certain hygrometric relations prevail; hence, he disbelieves in quarantine, cordons, and even sanitary measures and hygienic regulations, at least as preventives. The pathology he describes at considerable length, and emphasizes the enlargement of the spleen usually prevalent. His treatment is to keep the kidneys active, open the bowels, stimulate with brandy, bathe with water, and insist on absolute quiet. Black vomit is, as usual, met with creasote mixture. Quinine, calomel and jaborandi were found worse than useless last summer. The wisest measure of personal prophylaxis is to quit the infected district.

Clinical Lectures on Diseases Peculiar to Women. By Lombe Atthill, M.D., etc. Fifth edition, with illustrations. Philadelphia, Lindsay & Blakiston. Cloth, 8vo, pp. 342. Price $2.25.

This small work of Dr. Atthill's has enjoyed considerable popularity, in spite of the rather limited view it takes of its subject. While recognizing these restrictions, the author believes that his original plan was well suited to the purpose he had in view, and adheres to it. He has, however, subjected the various chapters to a thorough revision, and added such new matter

as the progress of the department he cultivates suggests. We do not doubt he will continue to find numbers of appreciative readers.

General Surgical Pathology and Therapeutics. A Text Book for Students and Physicians. By Theodore Billroth. Translated from the fourth German edition, by Charles E. Hackley, A.M., M.D. New York, D. Appleton & Co., 1879. 1 vol., 8vo, cloth, pp. 773. Price, cloth, $5.00.

Probably no other text-book on surgical pathology has met equal favor with this treatise of Billroth's. Eight editions in German, two independent translations into English, others into various European tongues, and even one into Japanese, combine to make evidence enough that there is a unanimity of opinion about its merits. No surgical teacher in Germany at present stands superior to its author; and although, for some reason, the Vienna school has been steadily declining for the last six or seven years, Billroth is one of the attractions which still give it some of its ancient renown.

Of the character and contents of the work we need say little. The author has availed himself of his wide opportunities for pathological research, to introduce the most matured results of observation; and the translator has corrected previous editions by the last German revision; although, through what we cannot help but think is an unwise economy, he has, in order to save some stereotype plates, placed some of the new matter in the body of the book, and some in an appendix to it.

The illustrations are numerous, and the typographical execution very good.

A Manual for the Practice of Surgery. By Thomas Bryant, F.R.C.S., etc. With 672 illustrations. Second American, from the third revised and enlarged English edition. Philadelphia, Henry C. Lea. 1 vol., 8vo, pp. 945. Sheep, price $7.00.

One of the leading surgeons of London for many years, Mr. Bryant has also had the good fortune to please the medical public as a writer. There are so many text-books of surgery, so many written by skilled and distinguished hands, that to obtain the honor of a third edition in England is no light praise. Mr. Bryant merits this, by clearness of style and good judgment in selecting the operations he recommends; in his new editions he goes carefully over the old grounds, in the light of later research. He, however, is of a conservative nature. The advantages of ether do not seem to have persuaded him to its adoption, and Lister's method receives at his hand very cold commendation. In his doctrines of syphilis, he denies that there is any safe or practical distinction between the two varieties of primary sores. As he pertinently puts it, when we know to a certainty that the system may be infected without any primary sore at all, it is of little importance that a soft sore is less frequently followed by secondaries than a hard one. On these and many allied points Mr. Bryant is a calm and unpartisan observer, and his book throughout has the great merit of maintaining the true scientific, judicial tone of mind.

A Dictionary of the English Language. By Joseph E. Worcester, LL.D. Philadelphia, J. B. Lippincott & Co., 1879.

It is noteworthy that the best dictionaries of the English tongue, best by the acknowledgment of all English speaking nations, have been prepared by Americans; and of these, that whose title is given above stands, in the opinion of many most able judges, at the head of the list. In its unabridged edition it is a wonderful monument of infinite study, profound learning, subtle appreciation of the distinction of thought, and conscientious accuracy in details. The orthography of Worcester approaches more nearly the old English standard, but is not wedded to it. Thus, we find *color* not colour, *pacific* not *pacifick*, *traveller* not *traveler*, *centre* not *center*, etc. In scientific terms it is abundantly full for the general reader; indeed, almost full enough for the specialist. We have compared one letter with the same one in Dunglison's *Dictionary*, and the line has been drawn with sound discretion between the rare and strictly technical terms and those which belong, by adoption and acceptance, to the language.

In the appendix, numerous tables of the pronunciation of proper names, of abbreviations and foreign expressions, are given.

The Worcester series is now published by J. B. Lippincott & Co., of this city, a house on whom we can confidently rely to keep the works, by constant revision, in thorough accord with the advance of lexicographical science. Such a book is an indispensable part of every library, and should find a place in every office and workshop. The knowledge of one's own language underlies the sound acquisition of any and every other department of learning.

THE

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D. G. BRINTON, M.D., EDITOR.

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MEDICAL EDUCATION BEFORE ENTERING AND AFTER LEAVING THE MEDICAL COLLEGE.

Three-term courses are good enough in their way; they are better than two-term courses, especially when those two terms are, according to the latest improved, double action, rapid graduation plan, squeezed into nine months.

But the discredit of a half or quarter educated profession will never be removed by the three-term system alone, were it adopted in every school in the land. Far more important than the education which the medical student gets on the benches of the school, is that which he obtains, or should obtain, after his diploma is safely in his pocket; and that which he did obtain before he paid his matriculation fee. It is to these two points that we would direct the earnest attention of all enlightened members of our profession. The question is not a scholastic or pedagogic one; it embraces the subjects of general culture, of systematic mental training, of habits of study commenced in youth and continued in age, of constant reading and observation.

Time was when the youth who left the plow to enter the medical school, and who came away therefrom with a Latin statement which he could not read, engrossed, in a fair hand, on an imitation sheepskin, was held, in law and custom, to be a doctor of medicine. That time still is, but there are signs that its term is limited and its end drawing nigh. Some changes bode this.

First, the colleges that respect themselves are beginning to feel that no student should be admitted unless he can pass a moderate examination. He should be able to read and write his own tongue correctly; he should have a slight tincture of arithmetic, history, geography, physics, and the other "English branches;" and he should have at least as much knowledge of Latin as is required to enter the Freshman class of Yale, Harvard, or Princeton. This is little enough, in all conscience; but we venture the statement that hardly a medical college in the United States now happy in the possession of many students would dare to insist upon it; it would be afraid of lessening its roster.

Yet the importance of such preliminary training is most obvious; and we know to a certainty that there is, as Hamlet says, a "plentiful lack" of it. At an examination of applicants to the U. S. Navy, not many years ago, one aspirant located Iceland in the South Pacific ocean; another regarded Columbus and Queen Elizabeth contemporaries; and a third was graveled when asked where Malta is. These men were well posted on medicine and surgery; but the Board of Examiners very properly threw them out, because the U. S. Navy wants not merely surgeons, but educated gentlemen, on its medical staff.

Next to studies before matriculation, we would consider those after graduation. Too many physicians let their knowledge fall into routinism. They read their old text-books, familiarize themselves only with the common cases they have to treat, and at most spend a score of dollars a year in professional literature; often they do not spend one. Dr. WILLIAM A.

Thomson, of New York, lately, well illustrated how utterly behind time such a practitioner becomes. He spoke of the confusion an elderly physician would experience in selecting text-books for a son who was about to study medicine. He would find the arrangement and forms of the textures of the body entirely different from his knowledge of them. The blood would be classed among the solids (tissues), because its constitution resembled cartilage. The last revelations of the microscope make the climax of his surprises in anatomy and physiology. With regard to disease, it is still worse, for everything is more complicated. The truth is, that, from the nature of the case, the extension of medical knowledge has become so great that the time has long passed when it was possible for any one man to know all that is known about the human body, either in health or in disease. Each generation of medical graduates leaves off in its instruction, much like the readers of a story in a magazine which is not completed in that number, being obliged afterward to depend upon the allusions of others who have been privileged with the continuation of the story, in order to hear how some of the interesting characters turn out, how some of them got buried, and what new ones are introduced.

Dr. Thomson also advocated a plan for the instruction of physicians, which plan was first advocated in this country by the Medical and Surgical Reporter, to wit, that learned specialists should unite to deliver a brief course of lectures, not on elementary topics, but on the advance in, and present condition of, their branches. Such a course should be brief, say six weeks, and the lectures should be numerous, so that a country physician could post himself in the shortest possible time, and at the least possible expense.

There are signs of a determination to bring physicians up to the mark in this matter, whether they will or not.

The Lone Star State is taking the lead. A bill is now before the Legislature of Texas, which obliges *every physician* in the State, without regard to age or length of practice, to appear every three years before an Examining Board, and unless he proves to the satisfaction of this board that he is acquainting himself with the progress of medical science, it will be considered as evidence that he is not a fit person to have charge of the public health, and his license to practice will be rescinded! Moreover, it is likely enough this bill will pass. We hope it will, and that every State in the Union will pass one like it. Men who are in such responsible positions as physicians, and who do not appreciate the necessity of keeping up their knowledge, should be made to appreciate it by the iron arm of the law.

Notes and Comments.

Therapeutical Notes.

Tincture of Walnuts in Irritable Stomach.

For the treatment of obstinate vomiting and irritable stomach, Dr. E. Mackey recommends, in the *Practitioner*, a tincture of walnuts, prepared as follows:—

Fresh walnuts,	30 oz.
Rectified alcohol,	12 oz.
Water,	q. s.

Distill 16 oz.

The dose is a teaspoonful.

In the vomiting of pregnancy it is said to be quite efficacious.

Chronic Granular Pharyngitis.

Dr. Mandl, of Paris, eminent as a specialist in diseases of the throat, uses the following in chronic pharyngitis:—

R.	Carbolic acid,	0.10 Gm.
	Iodine,	
	Iodide of potassium,	āā. 0.20
	Glycerine,	0.10

Mix for a lotion.

This is applied by means of a brush, several times a day.

Venesection in Apoplexy.

Prof. Hardy, of Paris, has come out decidedly in favor of venesection in apoplexy, renouncing the doctrines of Trousseau, which have so long held sway. He prefers to bleed at the first sign of the return of consciousness.

Chloride of Ammonium in Delirium Tremens.

It is stated in the *British Medical Journal*, that Dr. Broom has successfully treated a case

of delirium tremens with chloride of ammonium, administered in twenty-grain doses every four hours. During the first night the patient slept for several hours, and was perfectly well on the third day. The *rationale* of the treatment adopted was that the delusions were due to a hyperæmic or hyperæsthetic state of the auditory nerves.

Gonorrhœal Epididymitis.

Dr. Bumstead observes, on this disagreeable complication, relief will often be experienced by keeping the part covered with a single thickness of linen constantly wet with a solution of the muriate of ammonia, half an ounce to a pint of water. Better still, especially at night, is to smear the scrotum freely with the following mixture:—

℞	Ext. belladonnæ,	ʒ ij	
	Glycerinæ,	ʒ ss	
	Aquæ,	ʒ j.	M.

And cover it with a piece of lint, moistened in the same. The old-fashioned lead and opium wash may likewise be of service. He has also used with very good effect, in some instances, a simple procedure recommended by Dr. Edwin Lloyd, of England. The testicle is first immersed in water as hot as can be borne, and kept in it from ten to fifteen minutes, immediately to be followed by a stream of cold water poured over it from a height for five minutes. This should be repeated two or three times a day.

Effects of Opium Smoking.

It is not easy to learn what effects the consumption of opium has on Orientals. Mr. Alabaster, British Consul at Amoy, says "the use of opium is almost a necessity of life in the plantations there, to counteract the malarious influences of the climate.

"It is not to be desired that the consumption should become greater, for although I cannot agree with those who so vigorously denounce the trade as a source of every evil, and am inclined to think, from observation, that many more lives are saved by its moderate use than are sacrificed to inordinate indulgence in it, an increase would now rather mark the spread of the abuse of the drug than of its employment as a stimulant to counteract the lowering effect of the climate and damp of ill-drained houses."

James Scott, Acting Consul at Kiungchow, says:—"As to the effect of this narcotic on the population, I am not in a position to speak, but although nearly every one uses it, one never meets the opium-skeleton so vividly depicted in philanthropic works; rather the reverse — a hardy peasantry, healthy and energetic; and no doubt in this damp, malarious climate a mild indulgence must act beneficially, as a febrifuge."

On Chrysophanic Acid.

After experimenting freely with this acid, the Vienna dermatologist, Prof. Neumann, pronounces it an excellent remedy for tinea tonsurans, tinea versicolor, and psoriasis. The early forms of the latter disappear after a few applications only, and do so more quickly and in a far simpler way than under any hitherto known remedy for the disease. Inveterate forms of the affection also are capable of being subdued by chrysophanic acid, and offer long resistance to it only in exceptional cases. It produces no pain in the affected parts. By its means psoriasis has been removed from the list of affections which torment patients to an excessive degree, and its relapses are easily controlled. In tinea versicolor three rubbings with the ointment, in tinea circinata from six to eight, are generally sufficient for a cure.

The Abortive Treatment of Bubo.

The following plan is that adopted by the French surgeon, Malplaquet:—

The cuticle over the swelling having been removed by blistering fluid, to the extent of a shilling piece, a scrap of lint steeped in a saturated solution of perchloride of mercury was applied to the raw surface, with a linseed poultice over all, and left for about twenty-four hours. When again seen, a grayish eschar was found to have formed, and we had occasion to notice that the firmer was this eschar the more certain and speedy was the good result. After two or three days' poulticing, a clean, shallow, granulating depression only remained for treatment, and readily healed by simple means, the swelling itself having meanwhile quite disappeared.

Personal Similarities and Dissimilarities.

A French writer, M. Delaunay, makes the curious observations that all savages belonging to the same tribe closely resemble each other in form, in strength and in intelligence. But in the higher classes of mankind we have a primitive type replaced by multiple and various types of men—individuals differing so much from each other that it is impossible to find two persons absolutely alike. From a sexual point of view, we find more variation among the males than among the females of the same race. This is

especially the case in the human species, among the male portion of which there is a much greater diversity of constitution than there is among the female portion. With regard to age, nearly all infants resemble each other, both physically and morally. Moreover, all old men have the same weakness of constitution, the same feelings, the same tastes and the same childish notions. On the other hand, adults present among themselves the greater variations. With regard to constitution, the strong and the intelligent differ from each other much more than the weak and unintelligent.

Correspondence.

Remarks on the Uses and Abuses of the Obstetric Forceps.

Ed. Med. and Surg. Reporter:—

In your issue of January 18th, 1879, is an article entitled "Thoughts on Midwifery, No. 2," by Dr. Hiram Corson. It is devoted almost wholly to the improper use of the obstetric forceps, and erroneous teaching upon this important subject.

It seems incredible that there should be a teacher of medicine worthy the name, anywhere, open to the charge which the Doctor brings against the whole fraternity, namely, the charge of teaching "that the forceps are easier, safer, and more efficient than the natural forces of the patient." Such teaching (if any one were foolish enough to follow it) would necessitate their use in every case of labor, or subject the accoucheur to a charge of negligence.

The indications for the employment of this instrument, and the conditions under which it may be used, are certainly very plain and easily understood.

There is something said in the article in question against its use *before the os uteri is dilatable.* It is useless to raise this objection, as it is utterly impossible to use the instrument successfully until the period of dilatation or dilatability arrives. It is one of the conditions which must be present before the adjustment of the forceps is attempted.

It should be borne in mind that this instrument is intended to assist the natural forces of the body concerned in parturition, when they have proved themselves unequal to the task. That it is the child's instrument primarily. To preserve its life, and conserve the safety of the mother, are its only legitimate uses. Not for the convenience of the accoucheur, "to hurry up the case," nor even to cut short protracted suffering of the mother (we have chloroform, if need be, for this purpose), should they ever be used.

When the head has been *wedged* tightly in the upper strait for two or three hours, without any advance, the contractions at the same time being fairly strong, the sooner they are used the better, for the safety of the mother and child.

When the second stage of labor is unreasonably prolonged, and the expulsive efforts weak, too weak to overcome the rigidity of the perineum, then they should be used with great care and slow traction, for these are the cases in which there is danger to the perineum. Too long delay here in their application will cost the life of the child, from compression of the cord.

In cases of first labor, with presentation of the breech, where fatal delay often occurs in the delivery of the head, their use is clearly indicated. It is very clear that the lives of many children could be saved by the prompt use of the forceps in this class of cases.

Other indications for the employment of this instrument might develop themselves at any time, but none need give any trouble if it is kept constantly in view that it is for a *help* to the natural forces, and to be used only when they are clearly unable to perform their work with safety.

As to the danger of rupture of the perineum, with the care that should always be taken of it whether the instrument is used or not, it is but small. When it does take place (as it sometimes will, under the best of management, forceps or no forceps), it should certainly be recognized at once, and attended to promptly.

In more than twenty-five years of experience the writer has seen but one case of rupture where the forceps were used. It was quite extensive, was closed with three sutures as soon as possible, and gave but little trouble. It occurred in a primipara, a large, fleshy woman, thirty-five years old, of very firm fibre. *Possibly* it was unavoidable. *Probably* a little more time and a little better care would have produced a different result.

I have used the forceps, I cannot tell how often; always when they have seemed to be indicated, and have never regretted the procedure in a single instance. The instrument needs no apology. How could we get along without it? It stands, to-day, one of "God's best gifts to His suffering children."

I have not seen Dr. Emmet's paper, referred to in Dr. C.'s article, but have no hesitation in saying that if this distinguished teacher lays down a rule for the employment of the forceps, such as charged by Dr. C., then Dr. Emmet makes a very palpable and mischievous blunder. That the phenomenon of the head ceasing to recede during the interval between the contractions, although it may advance at each contraction, should be considered an indication for the use of the forceps, seems so absurd, that I cannot help the conviction that Dr. Emmet has been misunderstood and misrepresented.

The great objection to the use of this instrument, in the minds of most people, is the danger to the integrity of the perineum. It is just no objection at all. Statistics prove that under a proper and careful use of the instrument there is very little, if any, more danger of this unpleasant accident, than were it not used. Moreover, I do not hesitate to assume the position that if it was sure to occur in every case, the objection would not be valid. It is not the intention to belittle, or put out of sight, the gravity of this accident, but, as a matter of fact, it is nearly always curable, and the certainty of its occurrence should not stand in the way when the life of mother or child depends upon the prompt decision of the question, "what is to be done?"

As to our teachers, they are but men. Mostly able men, to be sure. Some of them have hobbies, no doubt, and are very earnest in "laying down the law." Doubtless our teachers, as a class, confine themselves to principles of general application, with the understanding that they must be varied infinitely with changing circumstances. No college professor deserving the name either expects or desires to affix his pupils to the skirts of his professional coat. They all know that ours is a progressive profession, that it is in no sense an exact science, and never can be reduced to the rules of arithmetic.

They neither expect nor desire their pupils to run forever in the ruts marked out by a college curriculum, but that every one shall observe for himself, with all the light he can get from the experience of others; that he shall not yield a conviction, founded upon his own experience and observation, to the dictum of any man, no matter how high he may stand in his profession. Our medical colleges, with their constantly increasing facilities for medical education, are indispensable, but he who expects to obtain there a set of fixed rules for his guidance in practice will be disappointed.

He will sooner or later realize the fact that he has mistaken the entire scope and intention of medical education in the schools.

S. M. Hamilton, M.D.
Monmouth, Warren Co., Illinois.

News and Miscellany.

MEDICAL COLLEGE COMMENCEMENTS.

Jefferson College.

The Academy of Music was filled with a fashionable audience, and redolent with flowers, on March 12th, at the fifty-fourth annual commencement of Jefferson Medical College. An orchestra, directed by George Bastert, performed selections from Beethoven, Strauss and Gounod. Rev. Dr. Thomas M. Davies offered prayer, and Prof. E. B. Gardette, M.D., president of the institution, conferred the degree of Doctor of Medicine upon 196 graduates, 109 of whom were residents of this State. Among the remaining 87 graduates were representatives from 29 States, several of the British Provinces, the West Indies and Central America. The following prizes were awarded by Prof. Ellerslie Wallace, M.D.:—

One hundred dollars, by Henry C. Lea, for the best thesis, to Henry C. Boenning, of Pennsylvania.

Fifty dollars, for the best essay on a subject pertaining to surgery, to Bernard R. Lee, of Pennsylvania.

Fifty dollars, for the best anatomical preparation, to William L. Kneedler, of Pennsylvania.

Fifty dollars, for the best essay on a subject pertaining to obstetrics, etc., to David C. Lichliter, of Virginia.

Fifty dollars, for the best essay on a subject pertaining to materia medica and therapeutics, to Louis Weiss, of Colorado.

Fifty dollars, for the best essay on a subject pertaining to physiology, to William C. Cahall, of Delaware.

Fifty dollars, for the best essay on a subject pertaining to the theory and practice of medicine, to John L. Yard, of Pennsylvania.

Fifty dollars, for the best essay on a subject pertaining to chemistry, to George W. Cram, of Pennsylvania.

Gold medal, by the demonstrator of surgery, for excellence in bandaging, to Lawrence F. Flick, of Pennsylvania.

Gold medal, by R. J. Levis, M.D., for the best report of his surgical clinic at the Pennsylvania Hospital, to Charles M. Gandy, of New Jersey.

George D. MacCord, M.D., delivered the class valedictory, and J. Aitkin Meigs, M.D., professor of the institutes of medicine and medical jurisprudence, recited a valedictory poem. It was a remarkably able production, and was listened to with the utmost interest. The concluding lines are as follows:—

> Ye mighty powers, hither haste, draw near,
> And kindly look upon these bridegrooms here;
> Their acts direct; be you their constant guide,
> And o'er their lives propitiously preside;
> O make them good physicians, wise and kind,
> Well skilled in all the arts to help mankind,
> In all the means of easing cruel pains,
> And calming restless hearts and troubled brains.
> Endow their hands with that obstetric power
> Which succor brings in labor's dreadful hour,
> And great chirurgic skill to wield the knife,
> Austere, but kind, that wounds in saving life.
> All chemic and botanic arts disclose
> To them, which best may mitigate man's woes,
> And skill medicinal, with which to stay
> The pestilence, and rob it of its prey.
> Enable them to bring profound relief
> To those outstretched upon the rack of grief,
> And make them havens sure of peaceful rest,
> To all who suffer and are sore distressed.

At the conclusion of the valedictory poem the orchestra performed a selection, and the distribution of floral offerings was made. The benediction was then pronounced, and the ceremonies terminated.

University of Pennsylvania.

The commencements of the Medical and Dentistry Departments of the University of Pennsylvania took place March 14th, in the Academy of Music. Chas. J. Stillé, LL.D., Provost, conferred the degree of Doctor of Medicine upon sixty-nine graduates from Pennsylvania, eight from New Jersey, two from New York, one each from Ohio, Maryland, Virginia, West Virginia, North Carolina, Missouri, Texas, England, France, Mexico, Cuba and Prince Edward's Island.

James Tyson, M.D., Secretary of the Faculty, made a few remarks, at the conclusion of which he awarded the prizes as follows:—

The First Prize of $100 was awarded to William G. Davis, Pa., and the second of $100 was divided between F. H. Cathcart, Pa., and David Cerna. Those who were mentioned as distinguished were—Griffith E. Abbot (PH.D), Pa.; Wm. H. Burk, Pa.; Wm. E. Casselberry, Pa.; Jacob M. Frazier, Texas; Peter McGill, Pa.; Edward T. Reichart, Pa., and J. Summer Stone, W. Va. The gentlemen honorably mentioned were—Granville G. Faught, Pa.; Robert W. Johnson, Md.; G. D. MacGowan, Pa.; Abraham Morejou, Cuba; Frederick C. Sheppard, N. J., and Louis Zentmayer (A.B.), Pa.

The gold medal Anatomical Prize was awarded to Frank O. Nagle, Pa., with distinguished mention of William G. Davis, Pa.; John A. Fritchey, Pa.; and Cliff M. Sherron, N. J. The Anomaly Anatomical Prize was awarded to Louis Ph. Carbonell, Cuba, and the following gentlemen were mentioned as having distinguished themselves: John M. Edgar, Pa.; William E. Hughes, Pa.; and B. Alexander Randall, Md.

The Valedictory Oration was then delivered by John Ashhurst, Jr., M.D., Professor of Clinical Surgery. He opened with a reference to the change the graduates were undergoing, from a student's life to the practitioner's, and went on to speak of the responsibilities, duties and rewards of the profession which they had chosen as their life work. He spoke of that branch of the calling peculiarly weighted with responsibility, the doctrines and mysteries of which have been laid before the graduates by the Professor of Obstetrics, and of the satisfaction the physician enjoys when he has successfully produced a new-born child. The speaker proceeded to treat of the ills of children and the manner in which they should be treated.

Professor Ashhurst urged the graduates to cultivate a character of sobriety, purity, and decency, and also the quality of decision.

"In matters of pure science, it is often the mark of a wise man to remain in doubt; but in the application of your science in practice, the ability to decide, and that properly, is of the highest value; it is even better that you should do only the second best thing for your patient, than that he should perish while you are hesitating about which of several courses to pursue.

"Finally, if you would be successful physicians, you must, with your self-respect, feel and show a *just respect for others*. This is a point in regard to which the recent graduate is peculiarly tempted to go astray. You will return to your homes, and meeting with practitioners of long standing, will find them, as to many technical matters and questions of modern science, less well-informed than yourselves; and you will naturally and almost unavoidably be disposed to regard them as "old fogies," and will be tempted to refuse them that respect and deference which you think they may measurably demand. Beware of this mistake; when you have yourselves been a few years in practice, you will recognize your error, and learn that in no profession is it more true than in ours, that

> "Old experience doth attain
> To something like prophetic strain,"

and you will realize that, though your inferiors in technical knowledge, the older physicians whom you will meet at the bedsides of your patients are superiors in those qualities of judgment and practical skill which can be obtained by experience and experience alone."

Then followed selections from *Chimes of Normandy*, the distribution of bouquets, of which there was an abundance, and variations of "Home Sweet Home." The exercises concluded with a benediction and march from *Lohengrin*.

There were seven graduates in dentistry from Pennsylvania, two from Massachusetts, and one each from Minnesota, Michigan, Iowa, Delaware, California, New Jersey, Ohio, Connecticut, Illinois, Scotland, Saxony, Ireland, Italy, Switzerland, and Canada.

The Alumni of Jefferson College.

The alumni of the Jefferson Medical College held their annual meeting on the 13th, Professor Samuel D. Gross presiding. The annual reports were read, that of the executive committee paying a tribute to the memory of the late Dr. J. H. McQuillen. After the selection of Dr. John H. Burton as orator for next year, the following officers were elected: President, Prof. Samuel D. Gross; vice presidents, Addinell Hewson, Edward Caswell, Elwood Wilson, and P. S. Connor; treasurer, Nathan Hatfield; recording secretary, Thomas H. Andrews; corresponding secretary, Richard J. Dunglison.

The annual address was delivered by Dr. Edward T. Caswell, of Rhode Island, upon "Alcohol, from a Medical Standpoint." He said that his object was not to depict the evils resulting from the abuse of alcohol, or to repeat the favorite stories of temperance speakers. Scientific men are beginning to discuss the subject, and learned doctors are free in expressing their opinions. The discussion peculiarly becomes the medical profession, as the physician naturally turns over in his mind the vexed question: "What course shall I suggest to my patients?"

Dr. Caswell explained at length the effects of alcohol upon the system. In order to show the great value of alcohol as a medicine, he quoted from the written and verbal reports of many leading doctors. He also mentioned the fact that forty years ago alcohol was extensively used in treating fevers. In a Moscow Hospital, where the eyes of many patients were falling out, a learned physician tried brandy, and reduced the number of what were considered fatal cases from 45 per cent. to 9 per cent. The lecturer took a glance at Germany and France, where he said alcohol is much used, but in moderate quantities, and he asked where else in the world is there so great a proportion of men of activity and brilliancy? He advocated the moderate use of alcohol, and said that the greatest enemies of temperance are those who preach total abstinence.

Remarkable Ages.

At the Home for the Aged, in Seventieth St., New York city, under charge of the Little Sisters of the Poor, the unusual spectacle was presented, on the 14th of February, of two of its inmates then lying dead, who were aged respectively one hundred and ten and one hundred and two years. The former was a Mrs. M'Closkey, who, beyond some deafness, enjoyed good health and unimpaired mind till the last. The latter was Mrs. Brock, who also retained her health and faculties almost to the last moment. On the 3d of February a Miss Rosanna Hammond died in the Home, at the age of one hundred and seven, and on the 28th of January Mrs. Scully died, at the age of one hundred and two. There is now in the Home a Mrs. Gallagher, aged one-hundred and five, who is in tolerable health.

OBITUARY NOTICES.

Dr. John M. Woodworth,

Supervising Surgeon General of the United States Marine Hospital Service, died at Washington on the 16th instant. He had been ill for several days, with erysipelas and pneumonia. Dr. Woodworth was born in Chemung county, New York, forty-two years ago. He graduated in medicine at Chicago, in 1862 and entered the volunteer service, becoming Medical Director of the Army of the Tennessee, in which position he gained a great deal of credit for his field hospitals. After the war he lectured at the Chicago Medical College and the University of Chicago, and was Sanitary Inspector of that city at the time of his appointment, in 1871, to the supervision of the Marine Hospital Service, which he did much to develop and systematize. He was the author of the national quarantine act and of the system of weekly sanitary bulletins which have brought his name so prominently before the public.

His death is an irreparable loss to the service that he has conducted with so much ability in the interests of the Government and the seamen, for whose benefit the service was established, and to the cause of public health in America.

Willis E. Sutton, M. D.

Dr. Willis E. Sutton was born in Aurora, Indiana, June 2d, 1848, and died of phthisis, at the residence of his father, in Aurora, February 24th, 1879. He received a good education at Wabash College, at Crawfordsville. In 1869 he commenced the study of medicine, under the tuition of his father. He attended medical lectures at Cincinnati, and graduated at the Medical College of Ohio in 1872. The following winter he attended lectures at Jefferson Medical College; he also attended the hospitals at Philadelphia. On his return he commenced the practice of his profession, and soon became popular and successful as a physician. He was an enthusiastic lover of medicine, and conscientious in the discharge of its duties, attending the sick with that spirit of kindness and interest so manifest in his character. He was a good microscopist, and under the direction of his father, was the first to detect trichina in the pork raised in southeastern Indiana. He rendered valuable assistance in investigating the cases of trichinosis that occurred in Aurora in 1874.

Dr. Daniel S. Corliss

Died at his residence, in Springfield, Vt., on Thursday, the 13th. He had been settled there two or three years, and had risen rapidly in his profession. He was a useful and honored member of the Congregational church, and a worthy citizen, and his sudden death brings sadness to the whole community. He leaves a wife, to whom he was recently married, who has the sympathy of her many friends in that place. His age was twenty-eight.

Dr. Randolph Marshall, Sr.,

A physician of Cape May Co., N. J. was found dead in bed at his residence, in Tuckahoe, on the night of Feb. 11th. Deceased was 69 years of age.

QUERIES AND REPLIES.

Index Rerum.

Ed. Med. and Surg. Reporter.—Perhaps I can be of service to "Scalpel" and other inquirers, by stating my plan for an *Index Rerum*. Get a well-bound book, of convenient size; mine has about five hundred pages. Proportion the pages to the twenty-six letters of the alphabet. This will give about twenty pages to each letter; but as some letters are seldom used, more pages can be given to letters more in demand. For example, J, X, Q and Z, are seldom used, consequently, fewer pages can be assigned to them. Now, index the book, in the form of a ledger, and it is ready for service. Number every book in your library by pasting a piece of paper, about one centimeter square, on the back, with the numbers in numerical order. Specimen of entries; "Hysteria, 2, 17, 42; Chorea, 6, 18, 14, 27, 64, 91." The figures 2, 6, 14 and 64 are underscored with a pen, to indicate that they refer to the volumes thus numbered; the other figures refer to pages. Rule: never enter a disease or medicine by two names, but always employ the proper technical terms. Example: do not cumber the index with such terms as mumps, piles, whooping cough, measles, etc. Should the line devoted to any subject become full, mark it 1, and open another line, marked 2, and so on, as may be necessary. C. H. Merrick, M.D.

Canyonville, Oregon.

Tapeworm.

D., of Pa., wishes a recipe for tapeworm. Patient has passed more than one hundred feet, and two heads, and the symptoms indicate that "still more is to follow."

Answer.—We would refer the writer to Napheys' *Medical Therapeutics* (sixth edition), as representing respectively the formulæ most approved in England and the United States.

Metric.—The address of the Metric Club, Chicago, is correctly given in either advertisement.

Indiana.—Collins' Opium Antidote has been repeatedly analyzed. It is a solution of morphia. The Tonic Syrup, we believe, has also been analyzed.

MARRIAGES.

COATES—BEEBE.—On Tuesday, Feb. 25th, at the Homestead, Mystic River, Conn., by the Rev. G. L. Hunt, D.D., Frank A. Coates M.D., of Mystic Bridge, and Julia, daughter of Warren Beebe, of Brooklyn, N. Y.

KLEPSER—PELLIG.—On March 5th, 1879, at the residence of the bride's parents, in Woodbury, Bedford Co., Pa., by Rev. John W. Bumbaugh, Ralph C. Klepser, M.D., and Fanny F. Pellig, daughter of Mr. Chas. Pellig.

RONEY—DEETER.—On the 3d ultimo, at the residence of the bride's parents, Pottsgrove, Pa., by the Rev. Mr. Finney, G. W. Roney, M.D., of Pottstown, Pa., and Ella T., second daughter of Mr. J. Deeter.

DEATHS.

BABCOCK.—At New Hampton, Iowa, of hemorrhagic diathesis, Hubert E., aged seven years, only child of Dr. A. and Emma Babcock.

MAIRS.—In Steubenville, O., on the 2d instant, of heart disease, J. C. Mairs, M.D., in the 50th year of his age.

Dr. Mairs was a graduate of the Jefferson Medical College, Philadelphia, of the class of 1852.

THE

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Communications.

METALLOSCOPY AND METALLO-THERAPEUTICS, IN A CASE OF HYSTERICAL HYPERÆSTHESIA.

BY HUGO ENGEL, A.M., M.D.,
Lecturer on Electro-therapeutics, at Jefferson Medical College; Physician to St. Mary's Hospital, etc., etc.

There is nothing new under the sun. When Burq handed to the Académie des Sciences, in Paris, his thesis on Metalloscopy and Metallo-theraputics, and the Academy appointed a committee, with Charcot at its head, to investigate the subject, there followed a general commotion in the medical world; and after Charcot's favorable report, and after the publication of his observations on patients in l'Hôpital de la Salpêtriére, the excitement was greater yet. A deputation of English and German physicians—all of them eminent authorities—went to the French capital to investigate for themselves the truth of the reports, and now even the greatest skeptic must confess that there is some hidden truth in metallo-therapeutics.

As now recognized, a patient, especially a hysterical female, suffering from a nervous affection, as achromatopsy and anæsthesia, is subjected to certain tests with pieces of metal; *i.e.* a small piece of gold, silver, iron, copper, zinc, etc., is for a short time applied to the temple or anæsthetic zone, and if the color blindness or anæsthesia should disappear temporarily under its influence, though it might—temporarily too—reappear on the opposite side, then the same metal which brought on the desired effect is given internally, in its proper doses, to the individual, and the latter is cured. (?)

About half a hundred years ago a physician by the name of Rademacher lived in Germany, and he started a theory of his own, according to which every patient stood under the influence of his certain metal, *i.e.*, some had a constitution for gold, some for copper, some for iron, etc; nay, he went further; he said that each different disease may appear under different influences; a disease may be at times under the influence of iron, or silver, or copper, depending upon the metal under which the whole organism was, and on the stage, type and character of the complaint. He is dead; his theories had almost been forgotten, when now they are revived under a new form. While fifty years ago most physicians laughed at the foolish idea, to-day, a theory, no matter how absurd it apparently may be, is investigated, and made use of if found to possess some value. Westphal and others have tried to find a cause for the remarkable fact; some believe that minute currents are developed, which, similarly to the galvanic current, produce this effect; others think that we have to do here with a reflex action, started by an impression on the periphery; and still others attribute it to expectant attention. But the observations have been carefully made, and everything has been excluded by which the imagination could have played a rôle; in achromatopsy it is actually impossible to attribute it to delusion, as the patient cannot know the order in which the perceptibility of colors will return; so that the indisputable fact remains, that by the aid of metalloscopy we may detect certain metals which, when given internally, remove certain nervous phenomena. This fact cannot be denied; and to enrich the literature on the subject I publish the following case:—

Miss A. D., aged twenty-two years; sanguine temperament; well formed; blonde. This lady, kindly sent to me by my friend, the eminent oculist, Dr. Peter D. Keyser, who had attended a relation of her's for some eye trouble, came to me in December of last year. She complained of severe hyperæsthesia of the skin of the whole right arm. It was impossible to limit exactly the area of hyperæsthesia; the slightest touch made her scream; she had no rest, either day or night, in consequence of the pain in the arm, and only when she held it slightly flexed and supported in this position was the pain endurable. There was nowhere on the arm a spot more tender than the rest; the brachial plexus was not painful to the touch, and there was not a solitary symptom of disturbed health anywhere else. The arm was slightly swollen, evidently from disturbed circulation, due, I think, to its forced position. I observed no other trophic disturbances nor symptoms of affection of the vasomotor system. Every organ, as far as could be detected, was normal, as also every function; only the arm troubled her. The patient thought she had struck her arm against a table, and hence the pain, which had been confined first to the fingers, and gradually reached its present extension and severity. But the lady was not sure as to the accident; she knew only one thing certainly, that she had the affection now for about eight months, and her relatives were alarmed.

While examining the patient, I concluded that she was afflicted with hysteria. Her history of herself was not very clear, and only after seeing her family physician, Dr. Bush, of Wilmington, Del., was my diagnosis confirmed. A year before I saw her she had neuralgia of the right ovary, and at that time pressure on the affected organ would produce a hysterical fit, which ceased on removal of the pressure. As soon as this neuralgia left her the affection of the arm began. With the exception of hypodermic medication, I tried all available means to cure her of the trouble, but did not succeed. Then, without explaining to her my intention, I put a piece of silver (half a dollar), at another time, a piece of copper (large, old cent), and when she came the third time, a five-dollar gold piece, on her arm, securing it carefully with a small bandage. The first two metals had no influence; the gold was not ten minutes on the arm when the pain suddenly left her. When I took the metal off it gradually returned, but not with its former severity. I now gave her, internally, auri muriatico-natronati, gr. $\frac{1}{20}$, t. d., and from this time on rapid improvement followed, so that the lady only paid me a few more visits, when I discharged her, cured.

Simulation here was impossible; she had suffered too long, and she had no idea, nor has she to this day, what I was doing. Metalloscopy here showed me the remedy, and metallo-therapeutics were the means of her cure. Besides being a contribution to the history of this new science, the case has other points of interest. When the application of the gold piece removed the hyperæsthesia, there was no hyperæsthesia developed on the other arm, which always seems to take place in cases of hysterical anæsthesia. Psychical hyperæsthesia is by no means rare in hysteria, but local hyperæsthesia will not be so frequently found. This patient perceived pulsating movements in the affected arm, showing, according to Eulenberg, the increased sensibility. Her hyperæsthesia was strictly a cutaneous one. When, after long persuasion, she allowed me to touch her arm, a severe pressure did not augment the pain, neither did motion; but at the slightest touch the patient felt as if the skin of the arm was brought in contact with a glowing iron. The slightest draught of air was painful, and intermittingly she would suffer severe pain in the integument of the arm, without its being touched. The hyperæsthesia was, therefore, accompanied by an actual neuralgia of the skin. I could detect no portion of the affected skin where this hyperæsthesia existed in a less degree. But the patient, when suffering yet very much, would not permit a thorough examination, while, when improvement began, it was such a rapid one that an examination then was useless for the purpose indicated. When holding the arm in a slightly flexed position she was nearly free from spontaneous pain, but the exalted sensibility to touch continued the same. On my questioning her as to her tactile sense in the fingers of the right arm, she described to me how very acutely she felt; she told me she thought she could see almost with her fingers; but I doubted this very much, as I think I put my questions so impartially as to exclude, on her side, all possibility of deceit or exaggeration. Physical excitations seemed to influence the degree of hyperæsthesia.

Since her cure no further symptom of hysteria has made its appearance. She is continuing to take the gold internally, in $\frac{1}{24}$ gr. doses three times daily, and I have advised her to do so, with occasional short intermissions, for a whole year.

319 *North Fifth street.*

THOUGHTS ON MIDWIFERY, No. 4.

BY HIRAM CORSON, M.D.,
Of Conshohocken, Pa.

(*Continued from p.* 136.)

In answer to the closing inquiry of my last paper, "what is the cause of that inertia?" which Dr. Penrose confidently declared to be the cause of post-partum hemorrhage, a declaration generally acquiesced in, and of which Dr. James P. White, of Buffalo, said, "Doubtless all agreed with Dr. Penrose, that uterine inertia was the most common cause of this *dreaded* hemorrhage," I may quote again from Dr. P., that "the most powerful predisposing cause was a peculiar idiosyncrasy of the woman, which gave rise to a peculiar flaccidity of the uterus."

Now, as we know the *great cause* of uterine hemorrhage to be *uterine inertia*, and the *most powerful predisposing cause of that inertia to be a peculiar idiosyncrasy* which gives rise to a *peculiar flaccidity* of the uterus, surely we know all about it, and I might close the investigation of the subject here, by merely asking the professor to give some of the evidences of that peculiar idiosyncrasy — some characteristic of such a patient, by which we may judge of the necessity, in her case, to take precautions against hemorrhage. But I am not disposed thus lightly to pass from the subject—a hemorrhage "appalling" to Dr. Penrose and "dreaded" by Dr. White—for these are the utterances of great teachers, whose opinions alarm the student and give direction to the practice of thousands of practitioners. The fact that they thus believe is no proof that they have hold of the truth.

Dr. Albert Smith, of Philadelphia, in the enjoyment of an unusually large obstetric practice, did not agree with them, for he "considered post-partum hemorrhage as due to one of two causes, namely, either laceration or distention. If the uterus was empty it would contract, and if it contracted hemorrhage would cease." So Dr. Smith does not recognize inertia of the womb as being a cause of post-partum hemorrhage in any case. In speaking of it he said not a word like appalling or dreaded, and seemed quite confident that his mild means would effect a cure.

Dr. T. Gaillard Thomas, during the discussion, inquired "whether the inertia spoken of as *the* cause was primary or secondary?" A most appropriate query, which, I was surprised to see, elicited no reply; called forth no comment. He also said, "It was his impression, that in a large number of cases it was directly due to mismanagement on the part of the practitioner." That was bold talk in the presence of those who had given us the law to be accepted without cavil. I greatly regret that Dr. Thomas did not point out the various kinds of "mismanagement" which produce these cases. He would have conferred a great benefit on the profession, and I should not now feel the need to refer to some practices prevalent wherever the erroneous teachings already referred to influence young practitioners and mislead old ones.

In primary uterine inertia I have scarcely a trace of belief, and will now try to make plain the common cause of uterine hemorrhage after delivery of the placenta. Every physician of much experience knows how great is the influence of the mind over the body; how good news and hope invigorate it, and how bad news and fear depress it and take away the strength. The teaching during the last few years has been of a kind to fill the young graduate with alarm. He goes to the bedside of his patient afraid of the many dangers which have been impressed upon him by his teachers as attending every step of the natural, and I might say rarely dangerous, process of labor. I am free to say that there are hundreds of practitioners, of much obstetric practice, who, after many years' experience, have never seen a natural labor go through all its stages, to the final delivery of the placenta, without interference. They do not know what a natural labor is. You ask, "how is this?" "How can this be possible?" Let us look in on one of them while he is in attendance on his patient. It is a first labor. The woman, finding slight, recurring pains, her "time" being up, and knowing almost nothing of the time generally occupied in first labors, hurries off some one for the doctor. He finds her with occasional pains; makes an examination, and finds the os uteri thick and but slightly dilated. He therefore waits—examines frequently, to see what progress is being made, and after a few hours finds that, though the pains have increased in force and frequency, and are causing considerable suffering, yet the os uteri is but very slightly dilated. He is now convinced that what he has suspected for the last two hours is a reality, namely, that there is a "rigid os," so frequently described by his teacher. She is informed that, unfortunately, the labor is delayed by a "rigid os," and that he must try to overcome it. As she is quite ignorant of the course of a labor, and also of his Latin phrase, and as he is already engaged in trying, either with his hand or by means of a dilator, to dilate this unyielding entrance to the womb, thus giving her increased suffering, she becomes greatly alarmed, and

though its depressing effect greatly aids him in producing dilatation, yet, at the same time, it almost arrests the contractile power of the uterus. We now have a uterine inertia, from fear—Dr. Thomas' secondary inertia—inertia from "mismanagement." And now commences a series of measures, following each other without intermission, regardless of the protests and entreaties of the suffering woman. The fingers having failed to dilate, are followed by strong dilators, and they by belladonna, and it by injections of hot water. Hurry, and bustle, and fright are in the room; the pains are disregarded, they are considered of no avail, while the rigid os is not overcome.

But finally, after an hour or two, or more, spent in unceasing efforts to overcome the supposed difficulty, the doctor announces that he thinks he can use the forceps, and that the exhaustion of the patient will not admit of delay. And now, despite the fact that the labor is yet only in its first stage, that the head is high up, that the soft parts are rigid, and the vaginal canal has not been entered by the head of the child, he proceeds to apply the forceps. In this he has great difficulty. The woman gives occasional screams; begs him desist; the forceps will not lock, and streaming with perspiration, trembling with anxiety and fear, he is almost ready to despair of success, when a heavier backward pressure slips them in place. And now, before he begins his long and strong pull—for it is no trifling force that will bring that square-headed child through the unwilling os, the undilated vagina, and over the resisting perineum, allow me to speak of a case related to me this very day, March 14th. I was called to see a lady of sixty-five, whom I had attended with several children; a most healthy woman, and always busy in the affairs of her family in her pleasant home. She said that for five weeks she had had "spells" of oppression, restlessness, and a sense of impending suffocation. In one of the spells, at night, she had called in a doctor, who tried to calm her fears, told her she had not disease of the heart, but merely "nervous prostration," and prescribed medicine, which had done her some good; but as she still had occasional spells, she desired to consult me. I found her greatly changed from her usual pleasant, cheerful condition, and after hearing the above account, I inquired to what she attributed her nervous condition. She said, "Five weeks ago, I was with my daughter-in-law during her labor, and as it was a little tedious, the doctor used the instruments. I had never seen them used, and felt somewhat frightened to see them, but the worst of it was, that as soon as the doctor took hold of them, to bring the child away, she began the most frightful, prolonged screams and screeches I ever heard, and never ceased till the child was born. I have never felt right since. I think *that* was the cause of my nervous condition. I was never nervous before."

Ah! how sad! and this in the hands of a gentle doctor—a most feeling man; one who knows well *how* to apply and use the forceps. We are often smilingly and triumphantly told that "but little force is needed; wait for the pains and help them a little each time." Who can wait when he has hold of them? If there was need to use them—if the uterus has been unable to bring it down; if the patient be exhausted, or the doctor in a hurry, or "expecting similar calls elsewhere;" or if the pains do not recur—no unusual thing when the forceps are on—will he wait? or can he wait, after having told the woman how quickly and easily he would deliver her if she would allow him to apply the instruments? No, he will not wait. And now let us return to our doctor—himself streaming with perspiration, a woman pressing with great force on the tender abdomen of the frightened and half-dead patient we see, by his compressed and grinning lip and anxious face, that he is ready to deliver. Let us turn our eyes away. The loud and prolonged screams will announce to us the beginning and the end of the struggle. * * * * * The still-born lies before us; and though not two minutes have elapsed since it was born, the doctor, fearful of uterine inertia, has his hand in the womb; the placenta is seized and dragged away. There is now a moment of victory, and the doctor is a hero, receiving the thanks of grateful women; but just before the birth of the child he had informed the attendants that hemorrhage might occur, and therefore the pressure must be continued on the abdomen; the ice, the brandy and the vinegar must be at hand. The patient is thus made cognizant of an impending danger, and all her fears called up. She feels that "a discharge" is passing; the event so dreaded seems to her to have arrived, and her fears weaken and prostrate her. All are now thoroughly "appalled;" the brandy is given; the ice, iodine, per sulph. iron and vinegar are used in succession; the foot of the bed raised, the pressure continued on the abdomen for hours, and the hand introduced again and again, and all this violence done to the patient—to her mind and her body—her child lost, herself injured, when there was not the least occasion to do anything

but to let the woman alone and nature do the work.

Now, what has all this taught the doctor? Nothing—absolutely nothing; and yet he will make record of a case of "rigid os, followed by uterine inertia and appalling hemorrhage." He was called to her when the labor was just begun. If, instead of staying with her, he had gone away,—as he should have been taught to do—telling her that the labor had scarcely begun, that first labors were generally tedious, that if the pains should become quite frequent and severe to send for him, or that he would call again in a few hours, she would have been satisfied, and on his return he would have found the os uteri thinner and more dilated, and after a pleasant and encouraging word, could have left again, to return in a few hours and find still more change—the soft parts changed, an abundant secretion of mucus, the square, angular head moulded by the successive pains into a cone, fitting it to pass easily through the bones, and glide harmlessly over the well-prepared vaginal canal and perineum. And then, if he had waited by her bedside, and cheered and encouraged her by his confident assurance that it would soon be all over, that she was doing admirably, the labor would have been terminated speedily and happily for mother and child. There is no need, in one case in a hundred, to resort to measures like those now in use, to dilate the os uteri, or to press heavily on the abdomen, to deliver either the child or the after birth. I have never had occasion to resort to either of those measures. I consider the pressure an outrage. Thousands of placentas are pushed and dragged away within five minutes after the birth of the child (and before the woman has recovered from her bodily, not her uterine, exhaustion, now called inertia), which, if left alone, would have come down, on the accession of one or two pains, within twenty minutes.

(To be Continued.)

YELLOW FEVER—SYMPTOMS, PATHOLOGY AND TREATMENT.

BY FRED. HORNER, M.D.,
Of Salem, Va.

Yellow fever is a disease characterized by an accelerated pulse, increase of heat, and thirst, diminished strength, severe headache and pain in the loins, with all the functions of the body more or less deranged, nervous, circulatory and sensorial. The conjunctiva is red, yellow, or orange color; this color extends, in time, over the entire body, with the pulse sometimes as low as 40 per minute, with dangerous prostration, epigastric pain and tenderness, and scanty urine. Blood oozes from the gums, and, changed in quality, is expelled from the stomach, in the form of black vomit; the latter symptom, with the intense thirst, orange color of the skin, and sometimes insupportable pains in the back and head, may be regarded as pathognomonic signs of the existence of this fever. The secretions of the liver and kidneys are disturbed, and entirely suspended in severe cases. The heat of the body presents a high standard. In some instances the patient sinks under the first blow, on the third day, with symptoms of congestive chill, coma and death, preceded by convulsions. The effects observed may direct attention to the circulatory or nervous system, or to some special organ, suggestive of a designative term—bilious remittent or typho-malarial yellow fever—in which the symptoms indicate a morbid condition of the blood, the visceræ and the nerves. The materies morbi, whether atmospheric or animalcular, modified by excessive heat and local causes, excites disease, relieved only by the action of suitable medicines, or by chemical changes in the fluids and solids of the body, conducive to the restoration of health. Sometimes the fever is very mild, and terminates favorably. In other instances, when the weather is particularly hot, when the epidemic influence prevails and the atmosphere is laden with impurities arising from the decomposition of vegetable matter and the putrefaction of the carcases of dead animals about the wharves and suburbs of large seaport towns, the disease is very fatal, and readily communicable to other localities by infection. Women who have been lately confined are especially liable to be infected, and those pregnant to abort, the danger depending not on sanguineous congestion, but on the prostrating influence of the poison upon the nervous and circulatory systems. On the West coast of Africa, in the West Indies, in seaports situated in the Gulf States of this country, in midsummer and commencing autumn, at certain seasons, when yellow fever has been communicated by a ship's crew from an infected port where the disease is endemic, the unacclimated, including even children and negroes, are never safe from an attack.

The home of the yellow fever may be said to be on this continent, in the cities of equatorial Brazil, including Rio de Janeiro and Bahia, also, Havana, New Orleans, Savannah and Charleston, and of late years, Norfolk, and the cities, towns and country along the Mississippi river, for the distance of eleven hundred miles. The

majority of English authors do not notice the existence of this fever in their writings, for the obvious reason that it is unknown in Europe and the British possessions, excepting at Bermuda and in the islands of the West Indies. The writer saw and studied the disease on the coast of Brazil, as medical officer of the United States sloop of war "Jamestown," and subsequently at Norfolk and Portsmouth, in 1855, when on duty on board of the United States surveying schooner "Varina." In the history of both epidemics the testimony of intelligent physicians was ample and satisfactory, that the germs of the fever came from an infected seaport, the season and atmosphere favoring its further development.

Pathology.—This is involved in obscurity, and with regard to all theories, it may be said that all have failed to furnish a rational and satisfactory explanation of the lesions which occur in yellow fever. Until some second Louis is born to make the discovery that the poison expends its noxious effects on the blood or on the stomach, or some secreting organ, the mystery must remain unsolved. The scalpel or microscope may yet reveal this important secret. The study of organic chemistry, applied to the investigation of the air we breathe, of noxious gases inhaled, of the changes wrought in the animal organism in the course of this fever, together with a close observance of experiments made to insure the cleanliness of cities and of ships, will all contribute to this result. Autopsies made by the writer revealed the orange color of the skin extended to the mucous, muscular and serous tissues of the abdominal cavity, the liver and heart; the stomach more or less distended with black vomit, and the abdominal cavity more or less filled with semi-fluid blood, and the corpuscles broken down. The mucous membrane of the small intestine readily peeled off, and contained, for the most part, foul gases and the debris of the elements of nutrition not absorbed or discharged. The substance of the liver was readily torn, soft and wasted.

Some cases present signs of acute gastritis. Lieutenant James F. Miller, of the "Jamestown," one of my patients, suffered from atrophy and partial paralysis of the muscles of the left leg, after a severe illness from this fever. It cannot be denied that there is an early and peculiar tendency, in this disease, to dissolution of the blood, upon the integrity of which depends all vital force, whether of the lungs, heart or brain.

In connection with this fact, it may be mentioned that the testimony of Prof. Joseph Jones, M.D., of New Orleans, has lately, in the course of a medico-legal investigation, contributed to the conviction of a criminal. Dr. Jones proved that the change in the blood discovered on the clothing of the murderer was such as occurs in intermittent fever, with which the deceased was affected when killed.

With reference to the cause of yellow fever, as due to atmospheric impurities, the late report of the English Royal Commission, composed of Professor Roscoe, Admiral Hornby and others, bears upon the question. This Commission declare that "the sewerage which is discharged into the Thames in a raw condition, at Barking street, was sufficient to poison the air and to cause the death of the hundreds of people on board the 'Princess Ann,' when run into by the 'Bywell Castle.' The taste and the smell of the water were something dreadful, causing headache, nausea and depression." This investigation extended to the management of manufactories from which carbonic oxide and acid, sulphuretted hydrogen and arsenic were given off, and the evidence taken was startling, proving that "untold mischief might occur at any time through the noxious vapors on the banks of the Thames."

Treatment.—There is only one record of the touch of mortal—and He was divine—healing the patient "sick of a fever." It may be said by the most skillful physician who has been in the midst of true epidemic yellow fever, such as was witnessed in Norfolk, and during the past year in our Southern States, that one feels himself impotent in the presence of the destroying angel, and fully realizes that this disease mocks at all efforts of remedy, at least in one-third of the cases submitted to treatment. Thirty years ago it was the custom of some physicians to resort to the "Lost Art," and to prescribe calomel and quinine in teaspoonful quantities, inducing the most serious and fatal consequences. No enlightened physician at this time is guilty of such vicious malpractice. The fact that there has been an increasing demand for efficient nurses, as well as experienced medical attendants, is proof that the profession and community are convinced of the importance of careful attendance, day and night, on fever patients. They shield the patient from injurious influences when delirious, or tempted to do imprudent things, and can ensure a safe convalescence. The treatment should begin with moderate quantities either of calomel or blue mass and seidlitz powder; quiniæ sulphas, by mouth or injection. To allay

the intense nausea, and for antiseptic properties, one grain of carbolic acid, combined with ten grains of potass. nitras, suspended in mucilage and syrup, may be used with advantage. Acetas ammoniæ is an excellent febrifuge. When the gastric symptoms are prominent, and there is a tendency to hemorrhage, a blister should be applied to the epigastrium, minute quantities of fluid extract of ergot be given internally, and a free allowance of cold water and fresh air, not neglecting frequent change of linen and of bed clothing, and sponging the entire body of the patient with cold or tepid water, to promote reaction and allay nervous excitement. The French and Spanish physicians in Brazil and in the West India islands treat this fever with lime or lemon juice; water of orange leaves and demulcents; and weak broths, administered by the tablespoonful; frictions to the limbs, of sweet oil and spirits of camphor, and sinapisms to the epigastrium; and carefully guard the patient against all exciting causes. Tilden's bromochloral solution is an admirable disinfectant for the sick room. As the convalescence is usually protracted to three or more weeks, a relapse may occur by imprudence in diet, exposure, or premature return to business. This nearly happened to an engineer who was allowed to return to duty. For several weeks he exhibited mental excitement; his language and ideas were incoherent, and only a vigorous constitution saved him from a second illness. In the case of the healthy portion of the community, or on board ship, the best preventives to escape yellow fever are courage, a few grains of quinine, and a moderate diet.

PHYSICAL DISEASE RESULTING FROM MENTAL STRAIN.

BY WORTHINGTON MYERS, A.M., M.D.,
Of New York.

A majority of physicians study the diseases of the body from a point of view too exclusively physical, and overlook or under-estimate the invisible agencies which, through the mind, affect the body for good or ill. Even severe mental work is not productive of evil results, provided that work is carried on with evenness and order. The danger consists in extreme strain or shock. The diseases resulting from shock or strain are divided into two classes. There is a distinct class in which the mental shock stands out as the direct and only cause of the malady; and another, in which the mental shock or strain appears only to excite or exaggerate symptoms of disease which preëxisted, or, in other words, upon undue nervous action, that is, when the various peripheral expansions of sensitive nerves take up undulations or vibrations, and convert them into waves, capable of being propagated along nervous tissue—*neuricity*, as it has been named. Thus the same nerve tubule may be able to transmit the wave, in its normal condition, which produces the idea of simple contact.

Pain, which is almost always dependent upon either of these conditions, involves a true lowering of function, and not a genuine hyperæsthesia, and springs from a perturbation of nerve force, due to dynamic disturbance, either within or without the nervous system; and in proportion to the physical imperfection of the nervous tissue is the susceptibility to this perturbation determined; and if not arrested, the imperfection proceeds so far as to correct all nervous communications, and paralysis is the result. This is, without doubt, produced by the functional disturbance of the nervous centres; as muscular atrophy and general loss of temperature and power express, in a rough way, the complications with which we have to deal. Atrophy may be limited to one muscle or to a set of muscles; there may be contraction of a limb, either with or without atrophy; the direction of the contraction varies extremely.

The influence of mental strain over the functions of the body must be beneficial, if practiced within moderate limits, since, without wasting the body, it engages the attention, and satisfies some of the highest desires of our nature. But when carried to excess, so that the body is constrained in posture, and kept in a closed room during many hours daily, its tendency must be to exhaust the vital power, to prevent due muscular exertion, to lessen the force of the circulation, to render the skin too active, to lessen the functions of assimilation and digestion, and to diminish the appetite for food. Hence, in this it is precisely fitted to induce the conditions of disease, and demands most serious attention. There is no class of cases in which remedial agents appear to have so little influence, or in which a more decided method and long continuance of treatment are called for, as in those induced by excessive mental strain, but not, as some suppose, because mental strain increases the elimination of nitrogenous products, but because there has been long continued neglect of all the conditions upon which the healthfulness of the body depends. Such a state is one, essentially, of low, vital energy.

The origin of insanity. I question whether it is ever the result of simple mental overstrain. On the contrary, I believe it is dependent upon extreme mental inactivity. But when the tendency to it is pronounced, then mental strain excites the malady. Therefore, the origin of insanity, as a concrete fact, is rather to be sought for in inactivity, hereditary and individual inactivity of brain, than in exercise of brain, and the excessive exercise of brain is a cause, not of mental, but of physical derangement. The uneducated masses among us are, without doubt, the breeders of our abstract insanity, while the educated, ambitious, overstraining and untiring mental workers are the intensifiers of the worst types of physical disease.

Disease produced in this manner is no entity; it is but a modification of health—a perverted physiological process; and this must at all times be insisted upon. Were it not that we fear death and dislike pain, we should not look upon disease as anything abnormal in the life process, but to be as part and parcel of it. Few would now venture on a definition of this disease, for in reality it is but the course of nature in a living thing which is not health. In health the balance of function is even; incline it to either side and there is disease. Just as the life process constitutes an individual and puts him apart from his fellows, so must any alteration in it be individual and not general.

The history of medicine abundantly proves that many of the so-called incurable disorders of the human system are not so in reality, but only apparently beyond the reach of restorative influence for the time being, from the imperfect knowledge of their true character, the proper means of relief, and the recuperative power of nature, or, in other words, inability on the part of the practitioner or science to meet the emergency at that particular period of time. It, therefore, is the duty of the practitioner to keep steadily in view the principles of progress, and carefully study all so-called irremediable conditions, with the measures applicable thereto for curative purposes, and not let such cases drift into the hands of mere empirics, who, by chance experiment, so often succeed, to the discredit of the profession and science. As enlightened knowledge is necessarily superior to blind empiricism in medicine, as in all other departments of investigation, every effort should be made to acquire it, and extend the bounds of medical science to the fullest extent, for the relief and cure of the many "ills to which flesh is heir." That every case of disease is a problem to be solved in accordance with mathematical and logical principles, and to be treated with scientific accuracy and positive certainty, is the avowed object of all study. Hence, to secure the highest possibilities of medical art, the treatment of all abnormities must be conducted with the positive precision resulting from a correct knowledge of the principles of biological science. These principles can only be determined by a profound study of the laws of life, and by every method of research, speculative and experimental, deductive and inductive, as it is only by the combination of all that the best results can be obtained. Although much discredited, the *a priori* or theoretical mode of investigation is of great value, and often leads to brilliant discoveries.

The natural history of disease shows that the most intractable disorders, both of an organic and functional character, even with extreme structural changes, will sometimes resolve spontaneously by the unaided efforts of nature, and if so occasionally, without extraneous assistance, it is reasonable to infer would do so more frequently by the aid of enlightened art. Hence, in the treatment of all cases, even those termed *hopeless*, intelligent and persistent effort should be made, not only to relieve immediate suffering, but to correct derangement of every kind and promote complete recovery, giving the patient the benefit of the doubt in every instance, by working steadily for a favorable result, even in the most unpromising conditions; for though present resources may be inadequate, constant study will bring fresh inspiration, while the progress of knowledge may open at any time new sources of information, more efficient remedies, and better methods of treatment, equal to the emergency.

A CASE OF DOUBLE OVARIOTOMY.

BY WILLIAM VARIAN, M.D.,
Of Titusville, Pa.

November 20th, 1878, saw Mrs. B., American, aged 40, mother of five children, the youngest in its fifth year; had been an invalid two years; had menstruated regularly until within six weeks. First noticed enlargement in March last, since which time her case had been treated as one of dropsy. Was first tapped five weeks before my visit; and a second time one week ago. At each sitting a patent pail even full of fluid was withdrawn, but the distention only *partially subsided* in each case, the belly still remaining enormously large. Thought herself probably six weeks enceinte. On a physical examination, I found all the evidences of an ovarian cyst of large size,

with extensive multilocular deposit in the pelvis. Tympany was well marked in the epigastric and left lumbar region, but could not be detected in the right lumbar region or in any portion of the right half of the cavity of the abdomen. Patient states that the swelling did not disappear from the right side when tapped.

Diagnosis.—Cystic disease of left ovary, with a large cyst on the right side, bound down by adhesions; or possibly cystic disease of both ovaries.

December 3d, 1878. I operated in the usual manner, opening the abdomen by an exploratory incision in the linea alba. Found a large cyst, with very thin walls, and a great amount of multilocular deposit at the base, closely adherent to omentum and peritoneum at numerous points. When this was isolated, evacuated and extracted, an Atlee clamp was applied, and the mass removed. A tumor of still larger dimensions was now found to occupy the right side, lying entirely behind the first tumor, and extending so high up under the ribs as to displace the liver upward. This tumor was attached to the neighboring parts by adhesions on every aspect except the posterior or intestinal. After separating and evacuating the cyst, it was found necessary to enlarge the incision to five inches before it could be extracted. A pedicle of moderate length attached this tumor to the right side of the womb. A strong ligature was passed around the pedicle, and when thoroughly secured, was cut short. Being obliged to drop one pedicle, I elected to drop both, as I considered the risk no greater, and in event of recovery the condition of the patient would be improved if both pedicles were encysted within the peritoneal cavity. I, therefore, ligatured the left pedicle, removed the clamp with the distal button of the pedicle, and dropped it. The uterus was found to be perfectly globular in form, free from all irregularities, of a flesh-pink color, and in size about that of the head of a new-born infant.* From its appearance I concluded that my patient was pregnant.

After a thorough cleansing and antiseptic sponging of the abdomen, I established free drainage, closed the incision with eight silver sutures, dressed the wound with carbolate of soda, and applied the cotton wool and flannel bandage. The patient was on the operating table nearly an hour. The gross weight of the tumors removed was 43 lbs., and some ounces.

The patient reacted promptly, was undisturbed by vomiting, had no traumatic fever for five days, during which time the pulse, at the time of my visit, did not exceed 85, or the temperature reach 100. A change appeared on the night of the fifth day, and I found her the next day with all the evidences of septicæmia and approaching collapse. The drainage, which was checked, I reëstablished, and washed out the abdomen thoroughly with a 1 per cent. carbolized solution; gave large doses of quinine, with stimulants. Although at first relieved, the symptoms soon recurred with increased force, and the patient sank at 10 A.M. of the seventh day.

The features of special interest in this case are, 1st. The disease affecting both ovaries. 2d. The masking of the cyst of the right ovary by that of the left overriding it; although I have little doubt that the diagnosis would have been greatly simplified had I been present when paracentesis was performed. 3d. The probable existence of pregnancy in the second month. The existence of pregnancy was not definitely established, as I was unable to examine the patient after death. 4th. The persistence of menstruation up to within two months of the operation. With the apparently total degeneration of both ovaries which existed, the appearance of the catamenia up to so late a period was an interesting feature of the case.

The circumstances of the patient were those of extreme destitution. Her attendants were marvels of ignorance and stupidity. She lived six miles from my office, and the roads were perilous, and almost impassable, even to a country doctor. Under different auspices it is not improbable that a more favorable termination might have been secured.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SURGICAL CLINIC OF DR. R. J. LEVIS. SERVICE OF 1879.

Reported by N. H. CHAPMAN, M.D.

Compression of the Brain, from Clot. Its Characteristic Symptoms and Treatment.

GENTLEMEN:—The first case we will examine together this morning is that of a man, apparently about thirty-five years of age, who has just been brought into the house on account of some injury about the head. I have not yet examined the case, but I notice that he is in a comatose condition; the pulse is slow and feeble; the respiration stertorous; and there is evidence of more or less hemorrhage from the ear, on the left side. Now, apparent hemorrhage from the ear may be deceptive. It may be simply from the external auditory meatus, or it may have flown into the ear from injuries in the neighborhood, neither of which condition would be at all serious. Or, instead of this, the hem-

orrhage may come from the ear itself, and be indicative of internal injury. In this case we have an incised wound of the scalp upon the left side, posteriorly. It is possible, therefore, that some of the blood from this wound may have found its way into the ear, and given rise to deceptive hemorrhage, for certainly there is none coming from the ear at the present moment. I also notice that there are no evidences of any involuntary discharges having taken place from the bowel or bladder; that the pupils are contracted; and that there is complete anæsthesia of the right eye, as ascertained by touching the conjunctiva with the finger and contrasting it with the left, which is sensitive. In the right leg and arm there is no response to the pricking of a pin, whereas, upon the left side marked muscular twitchings are manifested. The paralytic symptoms are there associated with the right side, and point to a lesion upon the left.

I shall now enlarge this incised wound upon the left side of the head, by making an incision through the scalp, in an upward and forward direction, in order to determine whether there is any fracture or depressed portion of bone, which might be the cause of such well-marked symptoms of compression of the brain. Some small vessels will necessarily be divided in this exploratory operation, and give rise to considerable hemorrhage, but it will do no harm. In fact, it will rather be a benefit, by relieving the already highly congested tissues. But by careful examination no fracture or depressed portion of the bone can be discovered, so that the evidences of compression from a clot are pretty clear, though the exact location of this clot is not so certain. True, the existence of right hemiplegia indicates that the clot is upon the left side, but its precise situation can hardly be determined.

The treatment, for the present, shall be rest in bed, with the head and shoulders slightly elevated, together with stimulating injections of turpentine and water. Turpentine beaten up with water (for it is not soluble in it) and thrown into the bowel with a syringe, in the form of a mixture, makes a very good stimulating injection. It not only produces a stimulating effect upon the system, but causes what is equally desirable, a free evacuation of the bowels. In addition to this, I will direct that he have an active mercurial cathartic, and that he be placed upon full doses of the bromide of potassium, taking sixty grains of this drug within the next twelve hours, and subsequently reducing the dose to about one-half. In dealing with a patient in this condition, it should always be borne in mind that if deglutition be impaired, as is usually the case, medicines and articles of food should not be given by the mouth, but rather by the rectum, because, if a patient cannot swallow, there is great danger that whatever may be introduced into the mouth will pass down into the trachea and produce strangulation. For the same reason, if mucus accumulates in the trachea and bronchial tubes, the patient should be inverted, to facilitate its discharge. The wound will, after a time, be brought together by a few interrupted sutures, and covered with lint, saturated with carbolized oil, which will be all the local after treatment that is necessary.

Paraplegia from a Spinal Sprain, and its Treatment by Means of the Actual Cautery.

About two months ago, the scaffolding upon which this man (who is a fresco painter by trade, and about twenty-five years of age) was working gave way, and he fell upon his buttocks. The result of this fall was a somewhat forcible concussion of the cord, and a severe spinal sprain.

At present the man is in a condition of complete paraplegia. There is paralysis of both lower extremities, so that he cannot flex the feet or legs at all. There are periods of incontinence of urine, and occasional involuntary discharges of fecal matter. The paraplegia, which is really the only thing of which the patient now complains, is, no doubt, due to plastic effusion and thickening about the cord at or near the place where the spine received its greatest sprain.

The spinal column may receive a sprain anywhere throughout its entire extent, but it is most apt to suffer a severe injury at that point where it is most flexible. That is between the last dorsal and the first lumbar vertebra. The spine, when it is put strongly upon the stretch, bends as far forward as it can normally, and if it is forcibly bent still further forward the result is a sprain. I remember a case which occurred some years ago in my practice, of a man who, while in a stooping posture at the bottom of a well, was struck upon the back by a falling bucket that contained one hundred pounds of earth. The consequence of this was a bad spinal sprain, which terminated rapidly in a fatal result, and the autopsy showed that the seat of injury was at its point of greatest flexibility, or the lumbo-dorsal articulation.

In treating this case, the most important indication is to produce a powerful counter-irritant effect along the spine, with a view of removing, if possible, the plastic effusion upon which the paraplegia doubtless depends. With this indication in view, I shall employ the most powerful counter-irritant known, which is the iron at a white heat. In using the hot iron upon this man, I place him under the influence of an anæsthetic and make six issues, three upon either side of the spine, in the lumbo-dorsal region.

There is a nice little point about the after treatment of the cauterized spots, which has not, as a rule, received the attention it merits. If, after the hot iron has been applied, the parts be left exposed to the air, or even the ordinary cold water dressing be applied, the patient will suffer a great deal of pain. But I have found that if pure carbolic acid—which has simply been deliquesced by the application of a moderate heat, so that it may be conveniently spread with a camel-hair pencil—be applied to the cauterized spots, it produces such a marked anæsthetic effect as to take away almost all the pain which would otherwise harass and distress the patient. This is a little point, but one which, if observed, relieves considerable suffering. The parts will be protected, as in the last case, by the ordinary patent lint and carbolized oil dressing, which will be covered with waxed paper, and secured in place by adhesive strips.

During the period of inflammation, in spinal lesions of this character, the bromide of potassium is indicated, but later on in the affection strych-

nia is the agent upon which most reliance is to be placed.

Epithelial Cancer, and its Treatment by Chromic Acid.

This man has an epithelial cancer, which is of twenty years' duration. It is situated, as you see, in a somewhat singular position, being in the temporal region, near the outer canthus of the right eye. The most common site for an epithelial cancer is at the junction of the skin with the mucous membrane, as upon the lip, etc. But this case seems to have deviated a little from the general rule, inasmuch as the cancerous growth appears to be confined to the skin without involving the mucous membrane at the outer canthus of the eye.

The man has been treated in a variety of ways, and had a number of local applications made to the affected part, but has received, as yet, little or no relief from any of them. What I propose to do in this case is to destroy the cancerous tissue by successive applications of the most powerful escharotic which we possess. This agent is chromic acid. It is a most powerful agent for the destruction of cancerous tissue. It destroys by rapid oxidation, and its power of decomposition is out of all proportion with its chemical action. The pure acid is prepared for application by diluting the crystals just enough to render them liquid, so as to permit of ready application with the brush. It is then applied to the margin of the cancerous growth, upon all sides, and the application is repeated from time to time, as the case may demand. In this way the morbid growth is gradually encroached upon, so that, in time, I hope to decrease its size, as well as greatly relieve his present sufferings.

Success of Iodide of Potassium and Aconite in the Treatment of Thoracic Aneurism.

Many of you will, no doubt, remember this man (aged 40 years) as our case of thoracic aneurism, who came into the house and was presented before you two months ago. It was an aneurism of the transverse, and perhaps also of a portion of the descending aorta. Prior to his coming into the house he was unable to do any work, except now and then for a day or two at a time. On admission, his general health was considerably broken down, and the tumor was of a large size. It was a displacing and invading mass. It had worn upon the intercostal cartilages, until there was a slight bulging over the seat of the tumor, a little to the left of the sternum. All the characteristic symptoms and physical signs of thoracic aneurism were present; but my object in bringing him before you to-day is to show the results of treatment. He was put upon the iodide of potassium in gradually increasing doses, beginning with five grains, three times a day, and gradually increasing the dose, until now he is taking three drachms, morning, noon, and night, without producing iodism. He was also given aconite, as an adjuvant to the iodide of potassium, in much the same manner; beginning with one drop of the tincture of the root, and gradually increasing the amount to five drops, three times a day. These are large doses to be given without their producing the characteristic constitutional effect. But the tolerance which the system acquires when these agents are continuously administered in gradually increasing doses is at times really remarkable. His diet, too, has been regulated, and his manner of living changed. His diet has been fair, as regards quantity, but made up of substances which do not tend to fatten. Its composition is mainly albuminous or nitrogenized articles of diet, with a careful avoidance of all kinds of stimulants. He lives as quiet as possible, lies down a great deal during the day, and keeps himself free from any excitement. Rest is a very important element in the treatment of this class of cases.

Under this plan of treatment the man's condition has very much improved. He has been slowly increasing in strength; there has been a marked improvement in his general health, and apparently the aneurismal sack is being gradually occluded. In other words, the aneurism is being cured by a consolidation of the sack.

Just how iodide of potassium acts in aneurism we do not know, but we do know the fact that it exerts a powerful curative influence over many of these cases. It acts more potently, perhaps, in cases of specific origin; in those cases which occur in conjunction with the existence of secondary and tertiary syphilis, than where no such history exists. But irrespective of this the iodide of potassium has proved itself eminently serviceable in many cases where there is no specific history. This man denies ever having had syphilis, and his case is surely markedly benefited by this plan of treatment.

Editorial Department.

Periscope.

The Symptoms of Croup.

Dr. J. Moir writes, in the Edinburgh *Medical Journal*—

Of course, all the symptoms hereafter mentioned do not occur at once or altogether in every case, or perhaps in any case of the malady, for many may be absent or occur differently in different cases; still, one or more is always present, sufficient to indicate the nature of the attack, so that with little loss of time the proper means may be used to get rid of the false membrane and to alleviate such other symptoms as may be likely to require either the ordinary or special treatment.

Croup usually comes on in the night, and is generally quite sudden in its onset; or a day or two before the attack the child is languid and fretting, inclined to sleep, with the eyes full and

heavy, and there is cough, which, from the first, is of a peculiarly shrill character, and in a day or two becomes more violent and troublesome, as well as much shriller. The symptoms of true sporadic croup, however, differ materially in this point from spasmodic croup—laryngismus stridulus (the affection for which it is most apt to be mistaken, or *vice versa*)—in that in this affection the respiration itself is not difficult from the very beginning, whereas in spasmodic croup this is invariably the case. In the spasmodic croup fever and inflammation are not present, there is no hoarseness, it is intermittent, the breathing is quite free during the remissions, there is no sonorous sound in the windpipe during sleep, the glands of the neck are often swollen; in all these points, and also in the treatment, it differs most essentially from true croup. Not to mention others, Dr. Marshall Hall, and Dr. F. Pauli, Wurzburg, have given good descriptions of this laryngismus stridulus, or child-crowing.

There is in croup more feverishness and hoarseness than in catarrh, and the patient is more severely agitated by every attack of cough; the face swells and flushes, and the eyeballs protrude; the frame trembles all over; and at the end of each coughing fit there is a sort of convulsive and noisy effort to renew respiratory action. As the malady increases there is greater difficulty of breathing, accompanied with much pain, and usually or occasionally slight swelling and inflammation of the tonsils, uvula, and velum palati; but the fauces are not usually swollen in this affection, at least not to any extent, such as is the case in laryngitis. Then we have a feverish expression; the countenance is very much injected; and the head is thrown backward in agony, to escape the danger of suffocation. We have also not only an unusual brassy or ringing sound produced by the cough itself, but after either the expiration is of a ringing kind, and inspiration is performed with a hissing noise, as if the windpipe were filled up with some light, sponge-like substance, producing the characteristic crow, like the crowing of a cock, or, as some have said, like the sound of a piston forced up a dry pump. The cough is generally dry, harsh, and brassy; the voice either entirely lost or much altered, with great dyspnœa; no expectoration, or if anything is spat up, it is generally pus-like, or oftener filmy shreds, resembling pieces of a membrane. But where, from great nausea, there is frequent vomiting, coagulated membraniform matter is thrown up along with glairy mucus, and sometimes streaks of blood, though the latter is most unusual. Combined with these characteristic symptoms, as they may be called, we have great thirst, uneasiness, and a feeling of heat and increase of temperature all over the body, extreme restlessness and disinclination to remain in one position or place, with frequency and hardness of the pulse.

Sometimes, but not so frequently as in spasmodic croup, the symptoms undergo slight remissions and exacerbations. There is usually no difficulty in swallowing, though deglutition undoubtedly may aggravate the symptoms, especially in an advanced stage of the disease. In the advanced and in the last stages of the disease we have the pulse irregular or intermittent, the respiration becoming more stridulous, and being performed with still greater difficulty, with spasms of ineffectual coughing, constantly increasing obstruction to the breathing, tossing, anxiety, and extreme suffering, finally succeeded by gradual insensibility or convulsions, followed by death *after* an inspiration.

Causation of Septicæmia.

M. Colin, of Paris, read before the Academy of Medicine of that city a paper on the above subject, of which the following is a résumé (given by the London *Medical Record*): "Putrid material, according to its quantity and degree of alteration, exerts a variable action on the animal organism. In a large dose it determines a rapid and invariably fatal poisoning, which causes no marked alteration in the blood beyond a tendency to incoagulability, and is not associated with the reproduction of proto-organisms. In cases of this kind the injected fluid fails to communicate any kind of virulent property either to the blood or to any other juice of the economy. In reduced quantity the animal fluid gives rise to an adynamic febrile condition, which varies in intensity according to the nature of the animal. If this condition proves fatal, it is so through the production of visceral lesions, and through changes in the blood. Reproduction of proto-organisms takes place, at least in those parts where the putrid agent has been deposited, and frequently throughout the whole mass of the blood. Certain putrid fluids that have not undergone much alteration, such as blood mixed with products of intestinal transudation, decomposing blood of an animal affected with charbon, peritoneal serosity removed some time after death, may alone, when injected in extremely minute quantities, determine septicæmia transmissible by inoculation, after the manner of the majority of virulent affections. Here there is always virulence of the fluid and reproduction of the proto-organisms introduced from without."

The Effects of Tobacco.

Dr. C. R. Drysdale writes to the *Medical Press and Circular*—

My own experience of the evil effects of great tobacco smoking and chewing, is that these are among the most prevalent causes of chronic disease in the male sex. Of course, I do not mean for one moment to compare the dangers caused by the use of tobacco with those we are so familiar with at the bedside, in cases of diseases caused by alcohol. Tobacco does not cause cirrhosis of the liver, nor disease of the lungs and heart, in the same way, or with the same frequency as chronic tippling does. But there are, nevertheless, several well marked diseases caused by the taking in of nicotine into the blood, whether through the absorbents of the mouth in smoking, or, more rapidly, in the case of chewing. First of all, the digestive organs are often greatly impaired by the use of nicotianæ tabacum. The teeth are frequently blackened, and the gums swollen in great smokers and chewers. Caries of the teeth is favored by the various acids produced by the burning of tobacco,

and mingled with the saliva. Duskiness of the fauces, and relaxed sore throat, are far too prevalent among smokers, as good observers have long noticed. Dyspepsia, caused by nicotine, is so common as to be hardly worth referring to. Diarrhœa, or more frequently, constipation, is induced by the use of tobacco in many instances. And I must not omit, in passing, the remark that the *male sex* who smoke are alone, with the very rarest exceptions, the subjects of epithelioma of the lip. I once saw such a case in an old Irish woman, who was a constant pipe smoker.

With regard to the nervous system, the weakness of vision produced by nicotine is a constant trouble to youthful smokers. Mr. George Critchett has remarked that among wealthy young men weak sight is very frequently indeed caused by their extravagant addiction to cigars and pipes. Tobacco amaurosis, too, is far from rare. In very young men, the use of nicotine is peculiarly inimical to intellectual improvement. Thus, M. Joly found that in the Polytechnic School at Paris the non-smoking students carried off the very great majority of the prizes for Mathematics; and Dr. Kostral, physician to the State factory of tobacco, of Austria, shows how nicotine poisoning often kills the young boys of the factory, and causes abortions in the young mothers, and death of infants at the breast, through the nicotine contained in their mother's milk.

Tracheotomy in Membranous Croup.

In the *Lancet*, Mr. Parker, writing on this subject, comes to the following conclusions:—1. Tracheotomy ought to be performed in membranous laryngitis as soon as there is recession of the chest walls. The higher operation is preferred, as the more easy, in children. Chloroform may be safely administered. 2. In every case the trachea and glottis ought to be thoroughly cleared of all foreign matters, whether membranous or mucous, before the introduction of the tube, and frequently after that. 3. The largest-sized tube ought to be employed which can be gotten into the trachea without actual violence. Its tracheal part ought to be freely movable. 4. The curve of the tube ought to be made in the form of a quarter circle (resembling more a Gothic than a Roman arch), for those generally in use impinge almost necessarily on the anterior portion of the trachea, and may there easily lead to ulcerations. More mischief is done, in the author's opinion, by "ill-fitting" than by "rigid" tubes, but Morrant Baker's flexible tubes are not directly opposed. 5. Besides the frequent mechanical clearing after the operation, which is again most distinctly demanded, steam is to be employed for this purpose, to which solvent, astringent, antiseptic remedies (creasote, carbolic acid, benzoine, soda, etc.) may be added with advantage. The paper concludes thus, "The presence of membrane in the trachea in a fatal case of membranous laryngitis, after tracheotomy, must be regarded as evidence of the want of due care on the part of the surgeon in charge, just as much as would the presence of a piece of gut in the inguinal canal after herniotomy, or a calculus in the bladder after the operation of lithotomy."

Vieirin or Vieiric Acid.

The *American Journal of Pharmacy* says:—Vieirin is a bitter principle, isolated from the bark of the root of Remigia ferruginea, D. C. (Cinchona ferruginea, St. Hil.), and was first introduced and recommended by Dr. Vieira, in the treatment of scrofula and rachitis. It is made by mixing the powdered bark with half its weight of hydrate of lime, extracting with boiling water, treating the filtrate with hydrochloric acid and the resulting precipitate with animal charcoal. When fresh, it is white, and possesses the pleasant odor of *quina de campo;* on exposure to the air it turns yellow, and when dry possesses scarcely any odor. It is heavier than water, insoluble in ether, water, and the volatile oils, scarcely soluble in fatty oils, but soluble in alcohol and chloroform. Tinctura Vieirinæ is a solution of one part vieirin in ten of alcohol. *Syrupus Vieirinæ*, or *Syr. calcii vieirinatis* consists of 3.0 hydrate of calcium, 3.0 vieirin, water and sugar, of each sufficient to make 300.0 of strained syrup.

Use of Chloroform in Diseases of the Heart.

On this subject M. Vergely, of Bordeaux (*La France Médicale*), remarks that there is a difference of opinion, some asserting that chloroform is very useful, and others that it does harm in affections of the heart. In M. Vergely's memoir, to which M. Dieulafoy has recently drawn the attention of the Société Médicale des Hôpitaux, three principal points are established. 1. That the existence of heart disease does not contraindicate the use of anæsthetics. 2. That chloroform is a sedative in this class of diseases. 3. That it should be used with discretion. In some cases of severe palpitation chloroform may be successfully administered. Also in some cases of dyspnœa and palpitation arising from mitral insufficiency, either alone or conjointly with hypodermic injections of morphia. M. Vergely has also given it without any accident in angina pectoris, and in certain other affections of the heart characterized by dyspnœa and palpitation. From inquiries he has made into the literature of the subject, he concludes that this agent has been employed too timidly and unsystematically.

Hypodermic Use of Quinine.

In an article in the Richmond and Louisville *Medical Journal*, Dr. John R. Morton writes—

In reference to the salts of quinine, it has become a very common occurrence to use them hypodermically. Especially has the sulphate been used in congestive malarial diseases. The muriate of quinia is the most soluble, and we think the best to use by this method of administration. To use the sulphate successfully, and at the same time avoid the resulting abscesses so common after its use, I generally dissolve thirty grains of quinine in two scruples of water, with the addition of fifteen or twenty drops of hy-

drochloric acid, and give from three to eight grains at one injection. I have treated several cases of pernicious fever myself—commonly called congestive chills—in my practice at Union City, Tenn., and witnessed many cases likewise treated in the New Orleans Charity Hospital clinics, always successfully, excepting one case, which had been in a comatose condition several hours previous to its entrance into the hospital, and the heart's action had about ceased before anything could be done for it. At this juncture I cannot omit the notice of the use of brandy or spirits hypodermically in certain kinds of cases, and I firmly believe that, during my checkered practice, I have really saved the lives of several patients by the timely administration of stimulants into the circulation, through the medium of the hypodermic syringe.

Antiseptic Treatment of Empyema in Children.

Dr. Göschel relates, in the *Berliner Klinische Wochenschrift*, for December 23d, four cases of empyema, occurring in children aged respectively 1, 3, 3½ and 4 years, in which he treated empyema by making incisions, three centimeters (1.2 inch) long, in an intercostal space (generally the sixth), under the carbolic acid spray, allowing the pus to escape, and then introducing drainage tubes and applying Lister's antiseptic dressing. Chloroform was given to all except the youngest child. Dr. Göschel sums up as follows:—1. In slight cases of empyema in children, incision under Lister's antiseptic precautions is quite as quickly performed and as free from danger as paracentesis, while it is also less productive of trouble and more likely to lead to recovery. 2. In advanced cases incision alone is indicated; and, performed under Lister's method, it is free from danger and from all trouble to the children. As washing out the pleural cavity with disinfectant solutions is unnecessary, there is no danger of poisoning with carbolic acid. 3. Fever is more surely avoided by employing Lister's method in the after treatment than by the open dressing with washing of the pleura. The general condition improves rapidly. 4. When washing out of the cavity is avoided, the secretion diminishes more rapidly. 5. The introduction of ordinary drainage tubes is sufficient; metallic canulæ and resections of portions of the ribs are superfluous.

The Diagnosis of Myocarditis.

The *British Medical Journal* says—

Dr. H. Ruhle (*Deutches Arch. für Klin Med.*, Band xxii) has had the opportunity of observing a considerable number of patients with what he diagnosed to be diffuse chronic myocarditis, and in which the post-mortem results often verified the diagnosis. By Koster's plan of the usual method of making vertical sections of the heart in this way, the existence of myocarditic foci is proved. If these foci be not very large or numerous, they generally are found on the surface, their places of predilection being either the lower two-thirds of the anterior surface of the left ventricle, or the superior two-thirds of the posterior surface of the same ventricle; but they are also often found in the papillary muscles, especially in the left papillary muscles of the bicuspid valve. Hence, these changes occur principally in the left ventricle. During their lifetime the patients present the symptoms of an uncompensated valvular disease; the left ventricle cannot do its work, and the pressure rises in the venous system. Accordingly, we meet with œdema, hyperæmia, and hemorrhages in different organs, dyspnœa, digestive troubles, and decrease of urine. The dullness of the heart is enlarged in most cases, especially toward the left. The apex beat can be felt at first, but it is very irregular as to strength, and disappears altogether at a later period. The sounds of the heart are clear, but the first is generally indistinct, and the second, over the aorta, very weak. A systolic murmur is often heard at the apex of the heart, but its sounds are quite irregular in strength and succession. The pulse beats corresponding to the heart are irregular and unequal, which is a characteristic symptom of chronic diffused myocarditis. The prognosis of the disease is always unfavorable, and more so if the diuresis be sparing. Ruhle's treatment of this disease is as follows:—During the first stage the patient must be kept quiet, eat milk food, apply ice to the region of the heart, take iodide of potassium, and eventually digitalis. During the second stage the patient is treated with digitalis and stimulants (*e.g.*, wine, beef tea, ether tinctures). Notwithstanding all these means, however, Ruhle never succeeded in making the pulse regular, even for a short time.

Chrysophanic Acid.

A writer in the *Chemist and Druggist* says—

Chrysophanic acid ointment has been much vaunted as a remedy for psoriasis, but it is so very irritating that it requires great caution in its use. The first case in which we saw its effects was in hospital practice. A woman with psoriasis about the arm and shoulder was told to apply the ointment, but returned much disgusted, in a day or two, to say that her linen was spoiled, and it was found stained of a deep, dark purple color, and, in addition, there was severe erythema extending from the seat of disease up the arm. The ointment was discontinued, and the irritation soon subsided. In another case the ointment was applied to a patch over the knee; it caused erythema all around the part affected, and gave rise to conjunctivitis, which lasted two or three days, but in each case the local disease was removed. It is also said to turn the hair a peculiar purplish-brown tint and to stain the skin, but Dr. Balmanno Squire states that this may be removed by benzol.

Warm Fomentations to the Head in Cases of Uterine Hemorrhage.

Dr. Koehler (*Allg. Med. Central-Zeitung*, No. 1, 1879) states that he has, for the last seven years, in cases of uterine hemorrhage, applied warm fomentations to the head, to prevent anæmia of the brain, and also to the heart. Hot

sand bags are also very efficient, and the patients often will bear sand which is so hot that it can scarcely be touched with the hand. As soon as the fomentation or bag has been applied, consciousness is restored; the pulse grows stronger; the patient herself states that she feels better, that the ringing in the ears has ceased, and that she likes the appliance. As soon as it becomes cooler, she wishes it to be renewed. Dr. Koehler has, he says, saved patients even in the most dangerous cases of hemorrhage by this proceeding, by which the physician never loses time, as the fomentations may be watched and renewed by any one. This method has been found equally efficient in anæmia caused by epistaxis, hemorrhages produced by wounds, etc.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A poetical medical address is an unusual event: a *good* poetical address is as rare as a black swan; but without hesitation, we apply that adjective to the Valedictory Address to the graduating class of the Jefferson Medical College, delivered by Dr. J. Aitken Meigs, Professor of the Institutes of Medicine and Medical Jurisprudence. It is something over five hundred lines in length, of varying meter, redolent with choice learning, masculine in sentiment, and in earnest and solid English. The author's name is familiar in more than one branch of science: but the true poet's power which he here displays will be a revelation to many of his friends.

——Dr. Edward C. Mann, of New York, is one of our most careful students of diseases of the mind: and two papers recently published from his pen will command the attention of students of this branch. They are, "The Nature and Treatment of Inebriety and the Opium Habit:" and "Insanity, its Etiology, Diagnosis, Pathology and Treatment."

BOOK NOTICES.

Epitome of Skin Diseases, with Formulæ for Students and Practitioners. By Tilbury Fox, M.D., F.R.C.P., etc., and T. C. Fox, M.B., etc. Second American edition, enlarged and revised. H. C. Lea. Small 8vo, pp. 216.

Dr. T. Fox and his son are prominent among the London dermatologists, and the condensed form of this joint work has given it a certain measure of popularity not always obtained by more elaborate treatises. The present edition is considerably larger than the last, although still a small book. It seems especially adapted for students, who generally form rather a vague idea of diseases of the skin, and who will here find well marked lines of diagnosis.

Hygiene of the Brain, and the Cure of Nervousness. By M. L. Holbrook, M.D. 8vo, pp. 279.

Aids to Family Government. By Bertha Meyer. Translated from the second German edition by M. L. Holbrook, M.D. 8vo, pp. 208.

Both these works are published by M. L. Holbrook & Co., New York city, and are contributions to the sanitary and philanthropic literature of the day. While indulging in some peculiarities, and riding some hobbies, the author and translator also urges many sound principles for the proper government and education of the individual and the family. Those foes of health, alcohol, tobacco and worry, receive the condemnation they deserve. The first mentioned book has, as an appendix, a number of letters from aged persons of distinction, setting forth their rules of work and personal habits; and to the translation is added an Essay on the Rights of Children, by Herbert Spencer.

Transactions of the American Medical Association, Vol. XXIX.

This is the largest annual volume which the Association has published, containing nearly 1200 pages. About 250 of these are occupied by the prize essay by Dr. John A. Wyeth, of New York, upon the surgical anatomy of the arteries of the neck. The report on American medical necrology, by Dr. John Toner, is also unusually full, covering about 70 pages. The lists of members, code of ethics and proceedings also cover much space, so that the number of scientific papers presented is not much beyond the usual quantity. They are well distributed over the different branches of medicine, surgery and gynecology being the most prominent. Thus, on the latter branch we find papers from Drs. E. W. Jenks, T. Parvin, T. A. Reamy, H. B. Storer, L. F. Warner, J. C. Irish, G. J. Engelman, A. H. Smith, W. W. Munson, and E. Wallace; while among the surgical contributors are Drs. A. N. Blodget, A. C. Post, F. Hyde, C. C. F. Gay, F. H. Hamilton, H. O. Marcy, T. A. McGraw, B. A. Watson, J. F. Miner, E. M. Moore, J. T. Carpenter, H. A. Martin, J. H. Weeks, and H. A. Smith.

These articles are generally the result of careful original observations, and a comparison of this with previous volumes cannot fail to give a favorable impression of the increasing interest taken by the profession in the Association.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE PROGRESS AND VARIETIES OF CREMATION.

The problem of the disposal of the dead still continues to be a subject of interesting discussion in the European journals. Cremation seems slowly progressing in favor. The first official act of the kind in Germany—that of the corpse of an engineer named Stier—has lately taken place at Gotha. The *Gazette Médicale de Paris* says the ceremony, which excited a great sensation in Germany, was organized by the Protestant clergy, according to the customary proceedings at an ordinary interment. The hearse was followed by the relatives of the deceased, by Baron Seebach, a State official, the Municipal Council, representatives of the Press, and a crowd of strangers from London, Amsterdam, Berlin, and St. Petersburg. At the church, after the chants, sung by a choir of children, the Dean of the Clergy of Gotha pronounced a funeral oration, in which he pointed out that he attended in order to give a public and solemn assent to the principles of the system of cremation, and to declare that he could not see in it anything contrary to the letter or the spirit of the Gospel, there being nothing in either the Old or New Testament to forbid it.

The crematory near Milan has been used a number of times, and meets with general approval. The enlightened Emperor of Brazil is also an advocate of this method in certain cases. The *Gazeta Medica*, of Bahia, states that in one of the cemeteries of Rio de Janeiro—that of S. Francisco Xavier—the Government has decided to erect furnaces for the cremation of persons who may express a wish that their bodies shall be disposed of in this way. The *Gazeta Medica* remarks on this that, while cremation is obviously preferable to inhumation, on hygienic grounds, it is not consonant with the religious views prevalent in a Catholic country like Brazil, a remark that appears wholly unfounded, except so far as those religious views are distinct from Roman Catholicism.

In England a small building and furnace have been erected at Woking, in Surrey, and cremation is about to be practically demonstrated. Nothing better illustrates the prejudice, false sentiment, and narrow-mindedness of the English, than the opposition this project has met with. The residents near Woking have been much perturbed at the idea, but the *Engineer* states that there will be nothing offensive or repulsive; the building and furnace are not near any dwelling house; they will be hidden from view by a circle of trees; and only by sight will their proximity be detected.

That the *bourgeois*, the Philistines, should have set themselves against the method, would not have surprised us. The willful ignorance and senseless prejudice of that class, in every country, is great; but that the leading medical journals should oppose it is a sad sign of how small the English mind is, even in its better examples. The *Lancet* condemns the experiment in unmeasured terms; it hopes that "nothing so imbecile as an adoption of the heathen practice of burning the dead will be tolerated in England." It goes on to say: "Time changes many things, but we question whether it has yet so completely obliterated the sense of decency as to enable the

people of this country to tolerate the notion of burning their dead;" and it actually calls upon the government to put a stop to the undertaking.

After this outburst of folly from a once leading and prominent medical journal, need we be surprised that the English public are rapidly putting a veto on vivisection, on taking casts of criminals' heads, on physiological experiments, and are preparing to do so on the use of unclaimed bodies for anatomical purposes? We need not be surprised at it, nor shall we have half so much cause to regret it as we thought we had; for if such stuff as above quoted is acceptable to English medical men, they are scientific men no longer.

A modified form of cremation which has been suggested is one which has long been prevalent in Spanish countries, and that is by the use of quicklime.

Those who read Dickens' unfinished novel, *Edwin Drood*, will remember how the old mason, Durdles, pointed out to Jasper a pit of quicklime in the cathedral yard, and said, "Here is what will burn you, boots and all. Yes, with a little handy stirring, bones and all." This method used to be often employed in jail yards, to dispose of the bodies of criminals; and it has been extensively pursued by the Jewish communities. In their plan the lime is placed in the shell, and the process of destruction expedited by pouring a few buckets of water over the coffin, no leaden casing being employed and access for the fluid being allowed. It is contended that the chemical change set up is, in fact, "cremation," without any of the sensational or other disadvantages attending the use of fire. The proposal to adopt this process generally is entitled to some consideration. It obviates the worst perils of the earth system of disposal and depuration. And it might be improved and developed to a more complete and cheaper process than that of burning.

In this country, for the present, there is plenty of room in most localities to bury the dead; and such being the case, no other plan need be considered. But in periods of pestilence, and in great cities, where the cemeteries are remote, and are rapidly filled, the adoption of cremation would be desirable. There is, however, no near prospect of its adoption; and the only crematory in the United States, that erected at Washington, Pa., has, we hear, been turned into a factory for canning fruits!

Notes and Comments.

Extension of the Eucalyptus Plantation.

A London paper states that in Algeria two millions of these trees have been planted in different parts of the country; but this not being enough, a company has been formed for the purpose of planting a large additional area, while the French Government has granted a subvention in aid of the project. In Corsica, more than a million trees have been planted; but, according to the *Daily News*, it is in Italy and Cyprus that just now the most interesting experiments are being made. Prince Troubetkoy, who has taken up this matter energetically in Rome, says that careful observation has brought him to the conclusion that the *eucalyptus amygdalina* is the most useful variety of the tree. It is not only picturesque, but of exceptionally rapid growth; plants grown in pots, and replanted at the age of six months, have attained in eight years a height of seventeen meters. Moreover, its leaves contain six times as much volatile oil as those of the *eucalyptus globulus*. The Prince adds that this kind grows as well in a damp as in a dry and exposed soil; and also, that it bears cold very well, seeing that at his villa, in the neighborhood of Rome, it resisted a temperature of six degrees below zero, Cent. (21 Fahr.).

Amount of Quinine Used.

Mr. Robbins, in an address lately delivered in New York, states that sulphate of quinine takes precedence, in point of importance, over every other medicine used in the United States. The first rank is generally assigned to opium, but the total consumption of this drug, including its use as an intoxicant as well as a medicine, does not exceed 220,000 lbs. per annum, and the value in bond of this may be taken to average $4 per lb., or rather less than $1,000,000 annually. The yearly consumption of quinine in the United States has been computed at 800,000 oz., which, at an average of $2.50 per oz., gives a total of $2,000,000 per annum. If cinchona and all its alkaloids were taken, the excessive importance of that drug would be still more striking.

Therapeutical Notes.

VENEREAL WARTS.

A writer in the *British Medical Journal* has successfully removed these growths by powdering over the surface twice daily with equal parts of burnt alum and tannin. As these growths occur chiefly in situations where mucous or skin surfaces are in contact and moist, this plan suggested itself. In the first case in which he applied it, the warts were easily rubbed off in the course of three or four days, and other cases have given equally good results.

QUINIA IN OBSTETRICS.

A correspondent of the Louisville *Medical News* says that, in his experience, puerperal fever, abscess of the breast, phlegmasia dolens, and the like, may be prevented with almost absolute certainty by the administration of quinia prior and subsequently to childbirth. Iron is often a valuable ally of quinia, and should be used freely.

ARSENIC IN HEART DISEASE.

An English physician, Dr. Lockie, says in regard to arsenic as a cardiac stimulant, that it is believed to be a valuable adjunct to digitalis, and in ordinary valvular disease of the heart, where there is failure of compensation, with its consequent results. Further, it seems to be of great value even in fatty degeneration, and this in spite of the fact that recent experiments tend to show that fatty degeneration of the heart is one of the results of feeding animals with arsenical preparations.

Alleged Cure for Intemperance.

Dr. d' Unger, of Chicago, it is reported, has discovered a cure for intemperate habits. The medicine is red Peruvian bark (*Cinchona rubra*), designated by druggists "quill bark," because it comes from twigs about the size of a quill. A pound of this bark is reduced to powder, and soaked in a pint of diluted alcohol. It is then strained and evaporated down to half a pint—that is, a pound to a half pint. The inebriate is given a teaspoonful of the medicine every three hours, and his tongue occasionally moistened between the doses during the first and second days. The third day the dose is generally reduced to half a spoonful, then to a quarter of a spoonful, and gradually lessened to fifteen, ten and five drops. This treatment is continued for from five to fifteen days, and in bad cases to thirty days; the average is about seven days. Dr. d' Unger, it is stated, has cured nearly 3000 cases of the most depraved forms of intemperance by this new remedy. Moreover, it appears to be engaging the attention of physicians and temperance advocates of Chicago. One common effect produced by it is a subsequent strong dislike to liquor in any form.

Sound Doctrine in Therapeutics.

The editor of the Louisville *Medical News* uses the following language, which merits literal quotation, for its sterling sound sense:—

We would fain impress upon the minds of our readers the doctrine that medical men, in their practice, their teachings and sayings, and in their writings, should be guided more by the solid facts of their every-day experience than by the delusive theories of physiological and chemical experimentation. We believe nearly all that is positively known concerning the action of medicines and their adaptation to the treatment of disease is the fruit of patient toil and laborious investigation at the bedside of the sick. We would rather have the opinion of a wise and careful observer concerning the management of a given malady, ignorant though he may be of physiological experiment, than of him who goes to the bedside biased by notions picked up in the chemical or physiological laboratory.

Correspondence.

Alcohol vs. Diphtheria.

Ed. Med. and Surg. Reporter:—

In your issue of March 1st I note an article over the name of one J. B. Washburn, M.D. What reason has he given for attempting to discredit my claim to have made, in 1860, the important discovery mentioned; or to have been the first (in 1873) to make known to the world the fact that alcohol is, when properly used, an antidote, in the full sense of that term, to the poison of diphtheria? If he understands Oertel to affirm that alcohol, or any other article of the Materia Medica mentioned by him, is, in the usual sense of that term, an antidote to the poison of diphtheria, certainly no such language is used by him, and no such inference deducible from any legitimate construction. I claim that in 1873, October 18th, I announced to the medical world, through the Medical and Surgical Reporter, of Philadelphia, the fact that had never before been enunciated by any one on either continent, viz., that alcohol, when commenced early in the course of the disease, and administered freely and rapidly, as per my formula, is an unfailing remedy for diphtheria. If Dr. W. will produce any such authoritative claim made by any one prior to 1860—at the time of discovery—or 1873—at the date of publication—I will quietly subside, only still affirming my discovery to be original. I have no objection to the Dr.'s preference for chlorine water; but must be per-

mitted to say that if the learned Oertel is his guide in using alcohol, I am not surprised that he is not partial to it, and that he frankly admits "he knows no remedy that will cure every case, etc." I have never claimed to have cured, or to be able to cure, every case. I have ever claimed, as a *sine qua non* to success, early (the earlier the better), prompt and free use of the remedy, without intermission, till the crisis has passed: and then to continue for days—even after apparent recovery. Thus applied, my plan of treatment always obviates that croupal stage, as well as that extreme adynamic condition which, alike, are almost necessarily fatal. Herein lies the secret of successful treatment, as with all antidotal remedies. By reference to the *Michigan Medical News* of Nov. 25th, 1878, Dr. W. can see the treatment I practice. As to diagnosis, and especially membranous croup, I have the pleasure of informing him that I recognize no such disease, except it be of diphtheritic origin. If he will turn to the REPORTER of Nov. 7th, 1876, he may see that therein I declare my full concurrence in the views of Sir Wm. Jenner, Dr. George Johnson, and others of England, that "laryngeal diphtheria and membranous croup are identical."

I deny that false membrane is a product of inflamed mucous surfaces, except the inflammatory action is specific. If this proposition is not true, why do we not have false membranes in cases of ordinary nasal catarrh, pharyngitis, bronchitis, gastritis, cystitis, vaginitis, urethritis, etc., as may occur from diphtheritic poisoning? No reason is known to me, nor am I aware of any grounds upon which to base one, why the mucous membrane of the larynx and trachea should claim, or be awarded the monopoly of manufacturing false membranes from ordinary inflammatory action, which only produces everywhere else increased mucous secretion, ulceration, etc.!!

This paper I have aimed to make sufficiently explicit and definite, that there may be no further misunderstanding or misrepresenting my position.

J. H. NOWLIN, M.D.

Rome, Ga.

Treatment of Cystitis, with Retention of Urine, by Injections of Tannic and Salicylic Acids into the Bladder.

ED. MED. AND SURG. REPORTER:—

I have given these remedies a fair trial in cases of this kind, and obtained very satisfactory results, especially in the aged, where, generally, the retention is accompained with atony of the organ. The more violent the inflammation the more apparent are the good effects of these injections: especially is this the case where diffuse suppuration has set in, with dark brown or black fetid urine, which I have seen change, within twenty-four hours after using the injection, to an almost normal appearance, and the patient making a rapid and good recovery. After catheterizing the patient, I inject the bladder with from four to six ounces of warm water (temperature 90° Fahr.) by applying the nozzle of an ordinary syringe to the end of the catheter. Allowing this to pass off, I repeat the same operation until the water comes away without much debris, when I inject a solution of ten grains of tannic and two of salicylic acid in four ounces of water, retaining it ten or fifteen minutes, then removing it and again washing the bladder out with warm water, to prevent the hardening of blood or mucus by the acids.

S. F. GILBERT, M.D.

Elysburg, Pa., February 26th, 1879.

Irish Potatoes and Diphtheria.

ED. MED. AND SURG. REPORTER:—

In your editorial remarks in the number of the REPORTER for March 1st, 1879, on epidemics of diphtheria occurring in the Gulf States, in districts where the Irish potato was not used as an article of diet, either white, red, yellow, purple or blue, you are entirely correct, which can be substantiated by quite a number of practitioners in those districts.

I have gone through two epidemics in this region; in four familes averaging three cases to each household; there had not been eaten a single Irish potato for over a year. Apropos of this subject, cold to the throat, constantly applied, if necessary, by bladders of pounded ice, is the best application in diphtheria, and the principal treatment required; of course, in connection with some antiseptic and sustaining systemic treatment. The reasons for its use are fully explained in an unpublished paper written by the writer over a year since, and read before the Central Kentucky Medical Association, which may yet appear.

J. P. THOMAS, M.D.

Pembroke, Ky.

NEWS AND MISCELLANY.

The American Medical Association.

The thirtieth annual session of the American Medical Association will be held in the city of Atlanta, Ga., commencing Tuesday, May 6th, 1879, at 11 A.M. The officers of the Sections are—

I. Practice of Medicine, Materia Medica and Physiology—Dr. Thomas F. Rochester, of Buffalo, Chairman, and Dr. W. C. Glasgow, Secretary.

II. Obstetrics and Diseases of Women and Children—Dr. E. S. Lewis, Chairman.

III. Surgery and Anatomy—Dr. Moses Gunn, of Chicago, Chairman; Secretary, Dr. J. R. Weist.

IV. Medical Jurisprudence, Chemistry and Psychology—Secretary, Dr. L. M. Eastman, of Baltimore.

V. State Medicine and Public Hygiene—Dr. J. S. Billings, of Washington, Chairman; Dr. J. T. Reeve, Secretary.

VI. Ophthalmology, Otology and Laryngology—Chairman, Dr. W. Knapp; Dr. X. C. Scott, of Ohio, Secretary.

Committee on Prize Essays—Dr. Robert Battey, of Rome, Ga., Chairman.

Other committees are to report. The Permanent Secretary will acquaint the profession, at the earliest moment, with arrangements with railroad trains.

MEDICAL COLLEGE COMMENCEMENTS.

Woman's Medical College.

The commencement exercises of this College were held on March 13th, presided over by T. Morris Perot, president of the Corporators. After music and prayer by the Rev. D. O. Kellogg, D.D., Mr. Perot conferred the degrees, and Professor Clara Marshall M.D., of the Chair of Materia Medica and General Therapeutics, delivered the valedictory address. The following are the names of graduates, with the States from which they came:—

M. Alice Avery, N. H.; Emma A. Baldwin, Ill.; Harriet G. Belcher, N. J.; Sarah A. Cohen, Pa.; Martha M. Dunn, N. Y.; H. Louisa Exton, N. J.; Phebe H. Flagler, Pa.; Eleanor E. Galt, Sophia E. Howard, N. Y.; Agnes Kemp, Anna S. Kugler, Pa.; Rachel J. Nicol, Ill.; Julia P. Pease, Vermont; Sophia Presley, O.; Ida E. Richardson, Almina F. Rhodes, Louisa Schneider, Pa.; Lucy R. Weaver, R. I.; Mina Fitch Wood, N. Y.; Mary H. Wolfenden, Mass.

The Professorship of Materia Medica and Therapeutics at the Jefferson.

Dr. Roberts Bartholow, of Cincinnati, who for some years occupied the chair of Materia Medica and Therapeutics in the Medical College of Ohio, in that city, has been elected to succeed the late Professor John B. Biddle in the same chair at the Jefferson Medical College. He is well known to the profession, from his work on Materia Medica, and from his numerous essays on therapeutical subjects. The selection is a good one, and, no doubt, will inure to the prosperity of the college.

Extracts from the Bulletin of Public Health Issued by the Surgeon General U. S. Marine Hospital Service, Week Ended March 15th, 1879.

Boston.—Week ended March 15th. Deaths from all causes 159; an annual ratio of 22.6 per 1000 of the population. 16 cases of scarlet fever, 5 deaths; 22 cases of diphtheria, 4 deaths. Bronchitis caused 13 deaths; pneumonia 18; phthisis 32.

New York.—Week ended March 15th. Total deaths 604. Annual ratio 28.8. Scarlet fever caused 54 deaths; diphtheria 12; enteric fever 4, pneumonia 81, bronchitis 28, whooping cough 16, phthisis 104.

Pittsburgh.—Week ended March 15th. Total deaths 54. Annual ratio 12.5. Enteric fever caused 1 death, scarlet fever 1, diphtheria 5.

Baltimore.—Week ended March 15th. Total deaths 135. Annual ratio 19. Enteric fever caused 3 deaths, scarlet fever 7, diphtheria 4, bronchitis 11, pneumonia 13.

Chicago.—Week ended March 15th. Total deaths 156. Annual ratio 17.8. Enteric fever caused 2 deaths, scarlet fever 5, diphtheria 13.

Cincinnati.—Week ended March 15th. Total deaths 112. Annual ratio 21. Typhus fever caused 1 death, scarlet fever 18, diphtheria 3, whooping cough 4.

Philadelphia.—Week ended March 15th. Total deaths 284. Annual ratio 17. Enteric fever caused 6 deaths, scarlet fever 12, diphtheria 5, croup 5, acute lung diseases 38.

St. Louis.—Week ended March 15th. Total deaths 102. Annual ratio 17.1. 6 deaths from enteric fever, 13 from scarlet fever, 5 from diphtheria, 5 from croup, 38 from acute lung diseases.

San Francisco.—Week ended March 7th. Total deaths 74. Annual ratio 12.6. Diphtheria caused 2 deaths, acute lung diseases 6, phthisis 20.

New Orleans.—Week ended March 9th. Total deaths 87. Annual ratio 21. "Congestive malignant fevers" caused 2 deaths, acute lung diseases 17.

Havana.—Week ended March 15th. Yellow fever caused 1 death, smallpox 18.

Montreal.—Week ended March 8th. Total deaths 63. Annual ratio 27.2. Smallpox caused 9 deaths, diphtheria 3, enteric fever 1.

Great Britain.—Week ended March 1st. The average mortality in the 23 large cities was 27 per 1000 of the population. Rate at London 25.5, Edinburgh 23, Glasgow 29, Dublin 43, Liverpool 34, Plymouth 18, Brighton 18, Bristol 19. Smallpox caused 22 deaths in London, 1 in Manchester, and 19 in Dublin.

Paris.—Week ended February 27th. Total deaths 1026. Annual ratio 26.8. Smallpox caused 14 deaths, enteric fever 25 deaths.

German Empire.—Week ended February 22d. In 150 towns the average death rate was 27.7. Rate at Munich 33.4, Dresden 30.3, Berlin 23, Hamburg 29, Cologne 28, Frankfort 18.4, Strasburg, 36.5, Leipzic 26.

Vienna.—Week ended February 22d. Total deaths 432. Annual ratio 30.5. Smallpox caused 19 deaths, diphtheria 14.

St. Petersburg.—Week ended February 15th. Total deaths 615. Annual ratio 47.7 Smallpox caused 41 deaths, fevers 44.

The United States Consul General at Constantinople reports that the health of that city and its precincts is in a favorable state, and that the reported occurrence of cases of plague in European Turkey have arisen from the prevalence of malignant typhus in the provinces devastated by the late war. The retreat of the Turkish armies was attended by great privation among the refugees who accompanied them, and among the inhabitants of the provinces through which they passed; much distress and sickness have ever since prevailed there, but no authenticated cases of plague have occurred.

No new cases of the plague have occurred in the province of Astrachan, but the military cordons are still maintained, the infected villages are being thoroughly cleansed, and means taken to completely exterminate the disease. Much anxiety is felt, however, lest on the breaking up of the ice in the Volga, and the liberation of the innumerable small craft that have been frozen up at Astrachan and other points, the disease may be spread by their movements. The past winter was the mildest in the memory of the inhabitants, and it is feared that the virus of the disease may survive the influence of the few short spells of cold weather that have occurred.

The bark "Sleipner" arrived at Port Eads,

below New Orleans, on March 14th, from Rio de Janeiro. During the sixty-one days' passage all of the crew suffered from yellow fever; three died, and one is still sick. The vessel was immediately towed to the quarantine station.

The Plague.

The Bulletin of the Marine Hospital Service states that official reports of European medical officers in China show conclusively that true "bubonic plague" has prevailed extensively in that empire during the thirty years preceding 1873, when it was supposed to be wholly extinct. The reports also show that owing to the meagre facilities for communication with Central Asia, virulent epidemics may ravage extensive districts of that country without any knowledge of their existence extending to Europe. The reports present records of the disease having prevailed in the Province of Yunnan, to which it seems to have been introduced from Burmah, during twenty of the thirty years in question, varying in intensity in different parts of the province, and in different years. The appearance of the disease was coincident with the breaking out of the rebellion against the Imperial Government, which was longer maintained, and suppressed with more violent measures in Yunnan than in any of the other provinces; conditions which undoubtedly contributed greatly to its virulence, as did also the superstitious practice of refusing to bury the dead, who are exposed on a bier, to the sun, till completely decomposed. The plague was very prevalent in Yunnan in 1871-2-3, and in the latter year suddenly reappeared in Mesopotamia and Persia, gradually extending its area, until in 1877 it reached the shores of the Caspian sea, prevailing especially at the town of Restch, which has a direct trade with Astrachan. In May and November, 1877, a fever of intermittent type, accompanied with glandular swellings, prevailed in the port of Astrachan, and in Wetlyanka, and other villages of that province, and in November, 1878, a similar affection again appeared at Wetlyanka; few deaths had occurred up to this time, but about December 1st the disease assumed the malignant character that has marked the present outbreak. The Report of the Russian Medical Service of the Interior, for 1877, which has just been made public, announces that 241 cases of Siberian plague were reported to the Government during the year, the mortality being 21 per cent.; the principal outbreaks occurred in the provinces of Viatka and Tchernigow, which are at a considerable distance from each other, and were contemporaneous with, or occurred soon after, the virulent prevalence of the disease in Persia.

From the above facts, which have been obtained from official sources, and are in the main well attested, it seems proper to conclude that instead of the late outbreak being due to the spontaneous regeneration of the virus of the plague in the valley of the Volga, or, at the furthest, in Persia, the disease was reintroduced from China into Persia, and thence to Russia, local conditions in each instance probably favoring its development. Of these conditions no authentic account will be obtained until the International Commission of Experts, who are visiting the infected district, make their report. The return of cold weather, combined with the stringent measures adopted by the Government, seem to have confined the late violent outbreak to the limited district where it first appeared. The American ministers to Austria and to Russia report that the disease has manifested such an extremely virulent and contagious character that great alarm exists in the whole of Eastern Europe, and urge upon the Government the necessity of taking measures to prevent the possibility of the introduction of the disease into the United States. The measures already taken by this Government for preventing the importation of goods from the infected districts, except under proper precautions, are, for the present, considered sufficient for this purpose, especially if the ports of entry are kept free from the unsanitary conditions that favor the spread of epidemic disease.

The Governor of Astrachan announces officially that the late virulent outbreak of the plague in that province has expired within the district included in the military cordon. The number of deaths at Wetlyanka was 600. The normal population of this village was 1700, and almost every person who had not fled before becoming infected was attacked by the disease, and died. There is no announcement of the orders for the burning of the infected places having yet been carried out. The restriction of the disease to the original limits has been greatly favored by the natural isolation of the infected places, and the slight traffic existing in the district, the inhabitants but rarely leaving their villages, especially during the winter. Since the beginning of the outbreak, the principal road through the province has been obstructed, and all travel has been compelled to take a wide detour through the steppes. Strict quarantine regulations have been established at all the ports of the continent, for vessels and goods coming from the Black Sea, and at the British ports the sanitary condition of all vessels arriving thence is carefully inspected.

The sanitary condition of most of the cities of Eastern Europe is being improved, in view of the possible extension of the plague on the advent of warm weather.

Personal.

—S. B. Howell, M.D., has been appointed dean of the Philadelphia Dental College ad interim, in place of Dr. J. H. McQuillen, deceased. Professor Howell is also dean of the auxiliary medical faculty of the University of Pennsylvania.

—Dr. John B. Hamilton, now stationed at the Marine Hospital, in Boston, will probably be appointed Dr. Woodworth's successor as Surgeon General of the Marine Hospital Service.

Toner's Medical Men of the Revolution.

This interesting historical essay, 140 pages, bound in cloth, is offered by the Alumni Association at the merely nominal price of 25 cents. Orders may be sent to this office.

Medical Legislation in Michigan.

In the Michigan legislature a bill has been introduced to "protect the people of Michigan from empiricism and quackery." It was introduced by the committee on public health. The first feature of the bill is that it guarantees all practitioners to possess a diploma or equivalent knowledge. The basis of this guarantee is the organization of a board of examiners by each of the regularly established State medical societies. All persons not possessing a diploma or a certificate to practice from one of these boards are subject to penalties.

Remarkable Phenomenon in Reproduction.

A Newark, Ohio, letter to the Cincinnati *Inquirer* contains the following statement, which, if true, has very important bearings on certain problems of fecundation:—

"A cow, the property of J. N. Sawyer, who lives about six miles south of this city, yesterday gave birth to fifty-six calves. One of them was fully matured and still lives; the other fifty-five were about the size of small kittens, and, with the cow, died. It is one of the most curious freaks of nature that has ever taken place in this county."

Items.

—At a meeting of the Committee for Securing the Medical Education of Women in Edinburgh, held at St. Andrew's Square, Edinburgh, on the 28th ult., it was unanimously resolved, on the motion of Prof. Masson, to form a national association for promoting this object.

—A petition has recently been presented to the French Senate by several medical men, calling for a law which shall accord pensions to the widows and gratuitous education for the children of medical men who have died from contagious or epidemic diseases contracted during the practice of their profession.

—The following particulars are the result of inquiries made as to the losses sustained by the Russians at the European seat of war. On the whole, 129,471 men lie buried in the Balkan peninsula, and of the 120,950 men sent back to Russia as sick or wounded, 42,950 died. The complete number of the dead is 172,400 men, exclusive of those who succumbed in Asia Minor.

—The cost of beds in the Paris hospitals is given as follows: At the Hôtel Dieu, with 514 beds, the annual expense per bed is 1194 francs; and at La Charité, with 472 beds, it is 1096 francs. The Clinique, with 74 beds, is the hospital which costs most, viz., 1847 francs per bed: and the Ménages, with 1387 beds, is the hospice which costs least, viz., 399 francs per bed.

OBITUARY NOTICE.

Dr. Moses Brownell.

Dr. Moses Brownell, 90 years of age, died suddenly, March 12th, at his residence, 95 Madison street, New York city, of heart disease. He practiced medicine for 25 years at Knox, and for 32 years at Troy.

QUERIES AND REPLIES.

Dr. W. H. L.—Hamilton's *Electro-Therapeutics* ($2) might suit you.

Scalpel.—Slips and references may be placed in envelopes, and these arranged alphabetically, with the subjects endorsed on them. Or a card may be headed with the subjects, and references entered upon its surface, and arranged alphabetically.

Dr. R. A. C., of Tenn.—Codman & Shurtleff's Steam Atomizer will answer your purpose.

Dr. R. D. T. of Iowa, reports a case of permanent partial loss of sensation in the hands after anæsthesia, and inquires whether similar instances are frequent.

W. W. S of Ind.—Can any reader of the REPORTER tell me how to treat follicular pharyngitis? I have tried a great many articles of the materia medica, and failed.

S. K., of N. J.—Dr. Black (REPORTER, page 206) referred to Wayne's, not Hayes' Elixir (a typographical error). The formula is—

R.	Syr. arom.,	℥ij
	Pot. acet.,	ʒss
	Ex. junip., fl.,	
	Ex. buchu, fl.,	aa ʒj.

Dr. J. N. D., of Ill.—You will find Dr. Da Costa's modification of Basham's mixture on page 353 of Napheys' *Medical Therapeutics*.

MARRIAGES.

BLAIR—RICHARDSON.—In Philadelphia, on the 27th ult., by the Rev. L. P. Hornberger, Samuel Charles Blair, M.D., and Miss Mary E., daughter of the late William B. Richardson.

KANOUSE—CAMPBELL.—At Columbus, Wis., February 28th, by Rev. J. B. Andrews, A. W. Kanouse, M.D., of Lancaster, and Mollie Campbell, of Columbus.

STUART—BOARDMAN.—At the residence of the bride's father, Dr. E. R. Boardman, Elmira, Ill., by Rev. V. B. Ingram, of Osceola, Ill., Mr. D. M. Stuart and Miss N. J. Boardman, both of Elmira.

WHITE—RITTER.—In New York, on Thursday, March 13th, by the Rev. Wm. M. Paxton, D.D., Oliver White, M.D., and Miss Catherine O. Ritter.

BIRTH.

THOMAS.—To Dr. J. P. Thomas, of Pembroke, Ky., March 15th, 1879, a son, T. Gaillard Thomas.

DEATHS.

BROWNELL.—At Brooklyn, March 11th, Dr. Moses Brownell, formerly of Troy, N. Y., in his 90th year.

MONROE.—At Medway, Mass., February 20th, Alex. LeBaron Monroe, M.D., in the 72d year of his age.

SCHUYLER.—At West Troy, N.Y., Feb. 28th, Katy M. Scoville, wife of Dr. C.C. Schuyler.

Mrs. Schuyler was a lady in whom were combined many of those qualities which are universally esteemed. In his deep affliction the doctor has the sympathy of the whole community.

SHEPPARD.—At Cape May, on the 12th instant, William R. Sheppard, M.D.

TAYLOR.—In Philadelphia, on the 2d instant, John L. Taylor, M.D., in the 68th year of his age.

TAYLOR.—In New York, on the morning of the 12th ultimo, Mary Haynes, wife of Wm. H. Taylor, M.D.

TINKER.—Near Yazoo City, Miss., on March 9th, Dr. Robert S. Tinker, of typhoid pneumonia, aged 57 years.

VANBUSHKIRK.—In Philadelphia, on the morning of the 13th instant, Charles Vanbushkirk, M.D., in the 24th year of his age.

THE

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Original Department.

Communications.

IDIOPATHIC ERYSIPELAS, AND SOME OF ITS CLINICAL CONCOMITANTS.

BY FRANK WOODBURY, M.D.,

Physician to the German Hospital, Philadelphia.

Case.—Mrs. H., a widow, 49 years of age. She had three children, all healthy, the youngest being about 24 years old. Confinements easy; babies always born with one or two pains, before the doctor arrived; she nursed them all, and had a good getting up. Never had swelling of the ankles, nor other trouble, during pregnancy. She had good health, with the exception of rheumatic pains, which appeared more particularly in her lower extremities; and one year ago was in bed six weeks with swollen and tender joints, and fever (articular rheumatism?). Since then she has been subject to swelling of the joints, principally the ankles, but never without being accompanied by pain, and has had no abdominal dropsy, nor swelling of the face. For the week or more preceding the present illness she noticed that she urinated frequently, though not very much at a time, but she did not have to get up at night for this purpose, and never passed smoky urine. Her general health was not very good, as she made a poor living by sewing, and worked hard. On Friday, Feb. 28th, 1879, she felt badly, and in the evening she had a chill. On Saturday a small red spot appeared on the right side of her nose, and became quite tender, and the seat of burning pain. She had not scratched the place, and was not aware that any pimple had preceded it. She had malaise all day, and had another chill in the evening; she was restless and feverish during the night. On Sunday morning the bridge of the nose was decidedly swollen, dusky red, and painful. In the evening her eyelids were œdematous, and by night she could open them only to a very slight extent. She had another restless night; did not sleep any. On Monday, March 3d, was seen in the evening by the physician, who found her lying upon the lounge, fully dressed. She had taken, the night before, a dose of rhubarb and magnesia, which had produced one evacuation. The family, recognizing the case as one of erysipelas, had already applied a cold infusion of elm bark.

The eruption covered the upper half of the face, like a mask, but did not invade the scalp. The tongue was moist, slightly coated. The temperature in the mouth was 105°. The pulse was 122, full, with considerable tension. The skin of the general surface was dry and burning. The urine was cloudy, with mucus and urates, and contained about one-sixth albumen. Microscopic examination deferred until next day.

March 4th. Slept several hours during the night, but was restless, and talked in her sleep (mild delirium). Had been perspiring; pulse less bounding, and had lost some of its tension; 116 to the minute; temperature (morning) 102½°. Tongue showed a tendency to dryness, with fissures. Bowels moved by the magnesia several times yesterday, and once this morning. The inflamed surface was not so red, and somewhat less tumid, but the erysipelas was spreading under the right ear. Both parotid glands were tender, and a little swollen and hard. Lymphatics not perceptibly enlarged in the general puffiness of the face and chin. The urine was quite albuminous, and showed a deposit of about one-fourth after boiling.

A number of large granular epithelial casts were found (see cut); also fibrinous masses, containing kidney epithelium. In the evening the pulse was again 122, though not so bounding; the temperature was $105\frac{2}{10}°$ Fahr. (axilla). She said that she felt better; she had been perspiring moderately; slept a good deal through the day,

MICROSCOPIC CHARACTERS OF THE URINE.

1. Medium-sized cast, very granular.
2. Mass of granular exudation, with a few spheroidal, nucleated cells at the border (not shown well in the diagram).
3. Small granular cast.
4. Nucleated epithelial cell, containing granules.

and was wakeful during the night, but not so restless as before.

March 5th. Swelling subsiding; no pain in the face, but has pains in the back of her neck; she had no headache whatever. Swelling of the right parotid more decided; it was dense, but not very tender, except immediately under the lobe of the ear. The post-cervical lymphatics were tender, but not much enlarged; there were none detected under the jaw. The right ear was dusky and tender. Tongue clean, and throat a little sore. Had been perspiring gently. Has a little dry cough; a few bronchitic râles in the chest; lungs clear on percussion. The first sound of the heart lacked volume and strength; second sound clear. No intra-cardiac murmurs. Morning, pulse 100, temperature $100\frac{1}{2}°$; evening, pulse 114, temperature $104\frac{3}{4}°$. Bowels not moved today; passed about three pints of urine. Says that when she wants to make water she cannot wait a minute. Urine amber, acid, had a flocculent, cloudy deposit. It was one-eighth albumen; and contained some large granular tube casts, and masses of exuvial epithelial (renal) cells, and leucocytes. No crystals.

March 6th. Not seen until evening. Apparently much better; face desquamating. Both ears swelled and red; not very sensitive. Tumidity had all passed away from around the eyes. Tongue moist and clean. Had no pain, but right parotid was still tender. Sweating a little. Skin hot, but more natural. Pulse 82; temperature 99°. Urine about one-twelfth albumen, clear, amber, moderately acid. A few granular casts and epithelial cells.

March 7th. Did not sleep well during the night, because the sleeping draught gave out; otherwise improving. Passed twelve ounces of urine about 11 o'clock, the first since last evening. This urine was light amber, clear, acid, specific gravity 1.012, and contained a mere trace of albumen, scarcely visible with nitric acid (Heller's test), but showing some flocculi after boiling. No tube-casts were found, but granular epithelium existed in considerable quantity. The cells were small, round, nucleated, and were aggregated in smaller or larger groups, with leucocytes, and some fibrinous and granular material. Some free oil globules were noticed, but they were believed to be foreign, as they were found principally in the neighborhood of some shreds of cotton that might have come from a rag used in greasing the patient's face. No characteristic crystals were found. After boiling and filtering, it contained only 16 grammes of urea per litre (about $7\frac{3}{4}$ grains to the ounce). This small amount might be partly due to the fact that the febrile action had now subsided, and she had been on a non-nitrogenized diet for several days.

March 8th. General condition good. Tongue moist and clean; bowels moved several times yesterday, without obvious cause. Inflammation subsiding, but both ears very much deformed by swelling. Pulse 76, temperature $98\frac{1}{2}°$. Urine faintly acid, specific gravity 1.013, clear, light amber, became opalescent on boiling, but no decided precipitate occurred, even after several hours. A few granular epithelial cells, leucocytes, and fine granular masses, containing round and polygonal epithelium, were seen, and a few exudative casts. It contained 12.43 grammes of urea per litre (about 6 grains per ounce).*

From this date, there was steady improvement; several days elapsed before the swelling left the ears, and the hardness from the parotid glands, but the face desquamated rapidly. On the 9th the diet was extended so as to include broiled meat once a day, but the milk and broth were continued. On the 11th she appeared to have definitely recovered, and the next day was allowed to sit up for a short time, subsequently extending the period each day.

On the 14th another examination of the urine was made. It was faintly acid, light amber, perfectly clear, specific gravity 1.012, and was

* The urinary examinations were made with the kind assistance of Dr. Wm. F. Greene, at his laboratory, 1129 Cherry street.

still deficient in urea. A very few bladder epithelial cells and mucous filaments were alone detected; there were no tube casts, and no masses of epithelium. No precipitate was obtained by either heat or nitric acid. The patient, now, was strong, and had a good appetite, the functions were well performed, and she was pronounced well and entirely recovered.

This case is reported for two reasons: first, as showing the amenability of this particular instance of erysipelas to treatment; and, secondly, as a typical case of idiopathic erysipelas, illustrating some of the concomitants of the disease, more especially the transitory desquamative nephritis, and the swelling of the parotid gland.

The treatment was begun by an antacid laxative, magnesia, with rhubarb, and attention paid to the state of the digestive tract during the entire illness. The diet was chiefly milk, from two to three pints daily, given as a drink with ice water, equal amounts, or boiled and thickened with a little arrow root or corn starch. Beef tea and mutton or chicken broth were also used. During convalescence a tablespoonful of brandy was administered with milk, three or four times a day. From the beginning of the treatment to convalescence she took iron, in a diaphoretic and diuretic mixture:—*

℞.	Tinct. ferri chloridi,	♏x	
	Acid. acetic.,	♏v	
	Syr. limonis,	♏xx	
	Liq. ammonii acetat.,	℥iij	
	Spts. ætheris nitrosi,	♏xxv.	M.

This dose was given, at first, every two hours, night and day, until improvement was decided, when it was reduced to every three hours, and discontinued at night.

On the 3d, 4th and 5th, it will be noticed that the evening temperature was about 105°. On the 6th she began taking four grains of sulphate of cinchonia each morning; it may have been a coincidence, but it is worth remarking, that upon that evening the temperature was only 99°, and did not subsequently rise above this point.

The local application was a cold poultice of pounded cranberries, which, in my limited experience, has always proved very agreeable to the patient, relieving at once the burning pain; and, moreover, the acid of the berries appears to act upon the dermatitis in much the same way as chrysophanic acid does in psoriasis, rendering the skin pale by contracting the superficial capillaries. Besides the specific effect (if this be true), it has all the advantages of any other form of cold application; the only objection being the minor one of staining the bed clothing, which may be avoided by care. During desquamation, washed lard was applied, once or twice daily, to the affected surface, as an emollient.

In regard to the complications, it will be observed that there was no evidence of endocarditis, but there was a loss of tone in the cardiac muscular fibre, noticed when the fever had passed its height, which, according to Sevestre, is not uncommon in this affection.* The pulse was accelerated, and had lost its tension; the first sound of the heart was deficient. This was corrected only after convalescence became fully established. There was a little bronchial catarrh, but not to an extent to call for special treatment.

But what is probably more important and interesting, is the condition of the kidneys, as shown by the daily examination of the urine. This is so common in erysipelas, that Prof. Da Costa, in his lectures, speaks of it as one of the essential phenomena of erysipelas, and does not look upon it as, properly speaking, a complication.

In a paper upon the "Internal Complications of Acute Erysipelas," the *American Journal of Medical Sciences* for October, 1877, page 327, this eminent authority, says "that albuminuria is the rule, not a mere accident, in erysipelas; that it happens with quite as great, or even greater frequency, as in diphtheria, or in scarlet fever. I have been studying this subject for a number of years, and now know that I am correct in deducing from many observations the rule that albuminuria is present in every case of marked erysipelas; even in light cases it will exist as a transitory phenomenon, perhaps for a day." †

It is more difficult to decide as to the exact period when the albumen appears, as cases are not generally seen upon the first day. Da Costa believes that, as a rule, it does not appear until the disease has reached its height, on the third or fourth day; and it is on this account, in all

* Basham's Mixture should not be put up in quantities and kept on hand, as it undergoes a chemical change, and is liable to deposit the iron upon adding the nitrous ether or other substances, and make a cloudy, grumous mixture, unpleasant to the patient, and discreditable to the dispenser. When extemporaneously prepared, this prescription is perfectly clear, of a bright garnet color, and not unpleasant to take.

* Jaccoud refers to a case of a man dying on the ninth day, with idiopathic erysipelas, in whom myocarditis existed, with a slight inflammation of the mitral valve.—*Clinique Médicale.*

† The kidneys were always found by Ponfick in a state of parenchymatous nephritis. Zuelzer. Article on *Erysipelas*, Ziemssen's Encyclopedia, Am. Ed., N. Y., 1875, vol. II, p. 444.

probability, that it so frequently escapes detection, the urine being examined, as a rule, only once, at the beginning of the illness.

The present case was seen on the second, or perhaps the third, day, when a notable amount of albumen already existed, which, however, was increased the next day. The chemical and microscopical examination of the urine, indeed, was so positive that it left a doubt in the mind whether the patient was not suffering from parenchymatous nephritis antedating the erysipelas, but the gradual, and ultimately the complete, disappearance of both albumen and casts, happily dissipated this suspicion.

The daily excretion of urine was rather less than normal, even while taking Basham's mixture; and the amount of urea was much reduced. Taking the amount of urine at a litre and a half, (it was certainly not more), on the 7th she excreted 24 grammes, and on the 8th only 18 grammes of urea, the latter being about one-half the normal quantity, according to Bischoff and Lehman.*

As this diminution of urea is the reverse of what is generally found accompanying the febrile process, it will require an independent investigation upon a series of cases to warrant any conclusion. For this purpose the urine of the entire twenty-four hours must be mixed, and a certain quantity brought to the boiling point and filtered to separate the albumen; the amount of urea being subsequently determined, as usual, by the standard solution of sodium hypobromite.

With the exception of the nocturnal wandering at the beginning of the illness, there were no cerebral symptoms in this case. This is an interesting observation in view of the fact that some authorities have been inclined to attribute the head symptoms of acute erysipelas to uræmia. It would certainly appear that, if this were a correct hypothesis, the case under discussion was in every way a suitable one, both from the state of the kidneys and the diminished excretion of urea. At every visit the question was asked, whether there was pain in the head or not, and a decided negative answer uniformly obtained. The mind was not dull at any time. In discussing the treatment, it should have been stated that the following hypnotic was ordered:—

℞.	Chloral. hydrat.,	gr.x	
	Potass. bromid.,	℥ij	
	Liq. morphiæ sulphat.,	f.℥j.	M.

of which a teaspoonful was administered two or three times during the night, with the effect of producing sleep and relieving restlessness.

The final point I would speak of is the swelling of the parotid glands, which is entirely distinct from the enlargement of the sub-maxillary and cervical lymphatics, which certainly may occur in erysipelas, as it does in scarlatina or diphtheria, though to a less marked degree, and which has been, by Trousseau, acknowledged as a constant occurrence, and, indeed, is claimed by Chomel to always precede the dermatitis. The subacute inflammatory process which I have considered as a concomitant of the facial erysipelas, occurs early in the disease, and if the hypothesis I have assumed be correct, it differs in its pathology from the parotid swelling which occurs in scarlatina, measles, typhus, and other essential fevers. Parotitis, or mumps, is often accompanied by a rosy hue of the skin, but, on the other hand, as far as I am aware, attention has not been especially called to the moderate swelling and non-suppurative inflammation of this gland (fluxion, of Trousseau), accompanying facial erysipelas. Perhaps it may have escaped notice in the general œdema of the surface. As this is an important question, I will ask leave to introduce the notes of a case where such inflammation of the parotid followed an attack of erysipelas.

Case.—Mrs. N., 40 years of age. On Oct. 1st, 1877, I was called to the patient, and found her suffering with an ordinary attack of facial erysipelas, which was then at its height, with fullness of sub-maxillary lymphatics, and at the angle of the jaw. By the 6th the inflammation had subsided, and she began to sit up. On the afternoon of the 10th of October, believing herself perfectly well, she accompanied a friend to the front door, and was detained there until she was thoroughly chilled. The same evening she had fever and sore throat, and the next morning the right parotid gland was swollen enormously, and was very hard, though it did not pain her very much, as her chief complaint seemed to be of her throat. The fauces and tonsils were congested, and caused pain on swallowing.

Half a dozen leeches were applied to the gland, followed by warm fomentations. She had a blue pill occasionally, and strength was sustained by Huxham's tincture and a nourishing, soft diet. The swelling and hardness had not materially diminished when the case passed out of my hands, ten days later. I subsequently learned that she made a tedious recovery, with good nursing. There was no tendency to suppuration and the formation of abscess, which is

* Dalton's Physiology, sixth edition, Philadelphia, 1875, p. 109.

said to be the characteristic of ordinary acute inflammation of the parotid.

As far as my observation has gone, parotid swelling is neither infrequent nor unimportant as a concomitant of facial erysipelas. It has been present in a number of cases where I have sought for it, and doubtless in many others where this point was overlooked. This coexistence is important, in view of the fact that we are yet in the dark as to the causation of mumps, beyond the fact that it is a fever, due to a specific poison, showing a special predilection for the parotid glands.

Da Costa says,* that erysipelas may be confounded with mumps, and he has known the error to be committed. If it shall appear, from subsequent observation, that parotitis generally accompanies the erysipelatous poison, there may be a warrant for the supposition that mumps is more closely related to erysipelas than is generally believed, and that a contagious inflammation of the parotid glands may be an imperfect expression of the erysipelas invasion, just as an epidemic and contagious sore throat may be the sole expression of the scarlatinal infection.† This question must, however, be allowed to remain for future development.

From the tenor of this article, it is seen that the writer does not adhere to the view expressed by Hebra, that erysipelas is purely a local disease. As it is seen by the physician, erysipelas is a specific, slightly contagious, eruptive fever, going through definite stages, and attended by certain well-known changes in the blood, and liable to special visceral complications. In view of all this, it passes comprehension that Bristowe can look upon it as a local disorder, and state that "there is no special affection of internal organs in erysipelas."‡ To show to what straits the advocates of particular views may be reduced, a case is quoted by Frank,§ where the albuminuria is accounted for by the statement that the inflammation extended "along the urinary passages to the kidneys."

I had intended to include in this paper several cases of albuminuria occurring in traumatic erysipelas, but these must be left for subsequent discussion. Certain it is, that the laws governing erysipelas, both medical and surgical, are much less clearly defined than is desirable. Under special circumstances, the poison becomes endowed with a virulence that may sweep through certain wards of a hospital, making itself the dread of the surgeon; at other times, when the hygienic conditions are less favorable for its development, the contagium is so feeble as to lead many to doubt its existence. In ordinary cases the disease is very amenable to treatment; but relapses are not infrequent, and I have known a patient, after passing through a severe attack, to have two relapses before he finally recovered.

* "Medical Diagnosis," Philadelphia, 1876, page 770.

† See discussion on "Scarlatinal Sore Throat," in the proceedings of the Philadelphia County Medical Society, for 1878-79; and Philadelphia *Medical Times*, vol. IX, page 90.

‡ "Theory and Practice of Medicine," Philadelphia, 1876, page 286.

§ "Reil's Fieberlehre," vol. II, page 372; "Eberle's Practice," seventh edition, page 374.

THOUGHTS ON MIDWIFERY, No. 4.

BY HIRAM CORSON, M.D.,
Of Conshohocken, Pa.

(*Concluded from p.* 269.)

It must be admitted that the physicians who write for the *American Journal of Obstetrics* fairly represent the teaching and practice of the day. Let us see what they do. At page 747 of the *Journal*, Dr. Meriwether Lewis, A.M., of Tennessee, says: "On the 13th of April, 1878, at six o'clock, A.M., I was called to see Mrs. L. D. J., then in her second confinement. *Pressed for time, and expecting similar calls elsewhere* (italics mine), I ruptured the membranes, employed orificial irritation (Miller), external pressure (Playfair), and had my forceps ready, so as to deliver promptly, should the case prove at all tedious. By the use of those legitimate means an otherwise protracted labor was rendered comparatively short, so that at nine, A.M., six hours from the occurrence of the first pain, the head was safely delivered." I need not quote the whole case; it was the most favorable of all the presentations known—"presenting in the first position of the vertex," and yet this learned doctor, versed in the various means of "orificial irritation" lauded by Miller, and in the proper mode of "external pressure" taught by Playfair, the masters whom he blindly follows, stopped not a moment to see how Nature was doing her work, but, "pressed for time, and expecting similar calls elsewhere," he ruptured the membranes, and then, for three hours, labored at dilating the os uteri, and at pressing forcibly on the belly, to push the child down into the pelvis—what a spectacle! and why? Because he was pressed for time. The woman had no rights which he was bound to respect. When delivery was effected, he says: "The placenta was promptly extracted by the method of Crede." No pause

in his heroic exertions, even after the child was born, but *promptly* the teachings of another master came to his mind, and the afterbirth was pushed, by heavy pressure, out of the womb. What a sad record is this: called to one of the most natural labors, within three hours of the first pain, he finds it proceeding naturally, the woman in the best condition; no great suffering; no dangers threatening; and yet for three hours he never left her alone a moment, but unceasingly plied his means to "hurry up" the labor. Had he been from home when sent for, and the woman been alone, there is not a doubt with me that she would have had a comfortable, safe, successful termination of her labor, and the placenta would have come away in less than half an hour—perhaps in ten minutes, without her being subjected to heavy pressure on her tender womb.

But let us look at another case. In my last paper I referred to a case reported by Dr. H. P. C. Wilson, of Baltimore, on pages 863-4 of the *Journal*. He says: "The labor was normal, and no necessity for interference existed, but at the earnest solicitation of the woman chloroform was administered from time to time, and pushed to destroying consciousness just before the birth of the child occurred." The difficulty which he afterward had in this case is narrated in my former paper, and I will now merely ask why, when the labor was normal, and no necessity for interference existed, did he *push* the chloroform till his patient was unconscious? He says, "at the earnest solicitation of the woman." He would have us infer that he was induced by the patient's entreaties to swerve from his plain duty to leave the case alone, and do an act in his belief not necessary. Can we believe that he needed much solicitation, when in twenty-eight years' practice he "had used chloroform in nearly every case of labor he had attended." I use his own words. No, he had contracted the habit of meddling with cases "which were normal, and in which no interference was necessary," and thus, this poor woman, too, had to take the remedy which had been used in nearly every case during twenty-eight years—I tremble as I read his paper—recklessly using an agent in nearly every case of labor, for twenty-eight years, which many of our best surgeons are afraid to to use at all, or use only when mixed in small proportions with sulph. ether, in capital operations, when humanity imperatively demands that the sense of suffering shall be benumbed, and even then, death is sometimes produced by it in the twinkling of an eye. Would that I could lift the curtain which vails this practice of twenty-eight years, and see the disasters which cover the theatre of his labors. When we look at the history of this whole case, which he declared was normal, and that no interference was necessary, and then see how the poor woman was rendered unconscious; how she was pressed for hours, by heavy, strong hands on her sore abdomen, and her uterus entered five times by a large hand, carrying ice into it, and its tender, almost raw inside raked by finger nails, the intervals between the times being occupied by doses or injections of ergot, we may have some faint idea of the result of unnecessary meddling. And now I must specify my belief that there are but few cases of primary inertia of the womb; but, as hinted by Dr. T. G. Thomas, that nearly all are secondary—the result of fear, produced by the behavior of the doctor, or by his mismanagement of the labor.

Let me not be understood as charging these improprieties alone on young physicians; a man may have practiced many years, and yet be in a hurry, or be expecting other cases, or believe that Nature is a poor midwife, or that chloroform is a valuable aid, or that it is wrong to let the woman suffer, and in such a case we would not expect that he would patiently wait and see the uterus expel the child, and then again wait and see it expel the afterbirth. I have many times given ether moderately, to lessen the pains of unusually severe labors, but, in fifty years, never once chloroform; never once have made heavy pressure on the abdomen to aid in forcing away the child, or to push away the placenta; never have raised the foot of the bed, that the heart might more easily throw the blood into the brain; never used an injection of solution of iodine, or persulphate of iron, or alum, or hot water, or carried "a rag wet with vinegar" into the womb. And yet I have never had a fatal case of hemorrhage. Some troublesome ones have occurred, but they have been relieved by gently grasping or pressing the hand over the region of the womb, and by giving ergot, and introducing the hand and removing the clots from the womb, emptying it, as Dr. Albert Smith would say, so that it may contract. Nor was it my practice ever to hurry away the afterbirth, or to make pressure upon the abdomen, as soon as the child was born, to prevent flooding. Always after the delivery, and when I had seen that the child was comfortable, I placed my hand on the abdomen of the mother, to ascertain if the uterus was well contracted, or to determine whether there was another child, and on finding things all right, I took my seat and waited until the

pulsation in the cord had ceased, then tied it, cut it off and laid it carefully away. The mother, exhausted by her great efforts, calmed by her burden being removed, and by the disappearance of all pain, was carefully covered by additional bedclothes, that she should not too quickly be chilled while in so great a perspiration. Then she was left alone to enjoy the sweet relief from pain, and the intense enjoyment which only a mother can know when that hour has arrived, and been crowned with success, for which she has waited through long months of anxiety, and ofttimes of suffering. And here, while my patient is resting, while her heart is slowing its rapid beat induced by the energy which her whole system put forth in these last few forcible throes, let me call attention to the fact that I did not tie the cord until it had ceased to beat, and need not have tied it at all. If you will allow the cord to be whole until the pulsation in it has ceased, after that you need not tie it. Why? Because it has contracted naturally, and perfectly closed itself against the entrance of blood from the arteries within the child's body. Generally, in ten or fifteen minutes a cord which was almost as thick as a man's thumb, warm and bloated with blood, will be a small, white, cold, flaccid cord. Nature has done her work effectually. Suppose, now, that the cord had been cut (as has been advised and practiced) as soon as the scissors could be reached, and while pulsating; the natural contraction would have been interrupted, and though well tied, yet, if the shrinkage, by its loss of blood, should loosen the ligature, there would probably be "hemorrhage from the cord" and death of the child.

I doubt not the same thing is true of the womb: that when the labor is completed, as in Dr. Wilson's case, hours before it would have been accomplished in the natural way, drawn away in five minutes, when it should have had as many hours to dilate the mouth of the womb, the vagina and the perineum, and give the uterus time and opportunity to gradually and regularly lessen itself, that this sudden, unnatural, premature emptying of the womb prevents that action of its muscular fibres which, in a natural labor, as in the natural emptying of the cord, induces perfect contraction and secures its vessels against leakage. But we have been away from our patient some time; she has had quite a comfortable nap, and has been so quiet that not a limb moved, but now a slight movement is made, which, to the practiced ear of the Doctor, indicates a slight pain. He knows that the uterus, having had its usual rest, of from ten minutes to half an hour, after the birth of the child, is aroused to expel the placenta. And now the physician, if a pain or two, or three, should not throw it into the vagina, will take hold of the cord with one hand, and tighten it gently, then, introducing the forefinger of the other hand, will press it against the cord, and carry it backward while it is held firmly by the first one; this will at once draw it into the middle of the upper strait, and a slight effort of the woman will expel it, and soon all is over. No. What is this? A gush of blood. The woman says, "There is something running from me, Doctor!" I look, and find it floating over the bed, if there be an oilcloth under, or, if not, I may see it running through the bed on to the floor. But I am not in a hurry; do not call for ice, or vinegar, or hot water, or tell the woman to press on the belly, but simply look at her face; if it be not blanched, and if, on feeling the abdomen, I do not find it large and soft, I make gentle movements over it, to excite it to contraction, and fearing there may be some clots, perhaps I introduce my hand, but may find none. This discharge, which seemed somewhat alarming, was only the proper discharge, just what was needed to relieve the vessels of the womb, and thus, perhaps, avert convulsions, or an inflammation of the uterus.

I have often seen a large flow of blood, from a pint to a quart, come away, soon after the delivery of the afterbirth, and yet neither the face nor the pulse of the woman indicated a too great loss of blood. It is, therefore, very satisfactory to me to quote the following from a paper (recently sent to me by the author), entitled, "Bloodletting, as a Therapeutic Resource in Obstetric Medicine, by Fordyce Barker, M.D." After speaking of a fatal puerperal case, he said: "In reflecting on this case, I have often deeply regretted that I had not bled this patient, either before her confinement, or when the attack of metro-peritonitis came on, as she lost very little blood during labor. I have often asked myself whether, from fear of *post-partum* hemorrhage, we may not sometimes have carried too far our precautionary measures to secure the immediate and permanent contraction of the uterus. I remember, some years ago, that I was forcibly impressed by a remark on this point by my friend, Dr. Peaslee. In reporting a case of amputation at the shoulder joint, he observes that, "in a perfectly healthy and vigorous patient as much blood should be lost, at least, as is constantly circulating in the limb before its removal; other-

wise the patient is left in a state of actual plethora, to some extent, in consequence of the operation." After reasons for the opinion, he adds: "Nor is this principle less important in obstetrics than in surgery. The perfectly healthy (and generally (?) somewhat plethoric) parturient female should lose from one to two pounds of blood, at least, in parturition, in order to be in the best possible condition for convalescence without accidents." To the above opinion of Dr. Peaslee, Dr. Barker adds: "Although I cannot approve of the above proposition, as a general truth, applicable to parturient women, I should accept it as true of an exceptional number." I am glad to have my observations thus confirmed by men of experience. Many cases of this kind are reported in medical journals as cases of dangerous post-partum hemorrhage, and some means which were used are praised as having proved very efficient, when there was really no necessity for any interference.

MEDICAL DELUSIONS.

BY C. C. VANDERBECK, M.D., PH.D.,
Of Allentown, N. J.

In the course of my readings, many medical delusions have come to my attention, and have been entered, for future reference, in my scrap book. It may be of interest to some of the readers of the REPORTER to reproduce some of them.

Prof. Robley Dunglison, in an introductory address to the course of Institutes of Medicine in Jefferson Medical College, delivered November 4th, 1842, on certain medical delusions, says: "Mysterious as are the functions executed by living beings, and especially by the most elevated of them—man; intricate and inscrutable as many of them have been, are, and must probably ever remain; it is not strange that attempts should have been made, in all ages, to penetrate the obscurity; and that singular and fantastic notions should have received, in the infancy of science, a degree of attention of which they were undeserving."

Magnetism, in its earliest history, was considered a most potent agent for the cure of many diseases.

An ancient author relates the case of a peasant, who, having swallowed a knife, had it drawn through the parietes of the abdomen by a magnetic plaster. Dr. Dunglison says that some of the older surgeons of Ambrose Paré's time, in cases of hernia, made the patient swallow a magnet, and placed iron filings on the hernial protrusion, to draw it inward. He tells us also, that Paracelsus and Von Helmont recommended a magnetic plaster to the abdomen when abortion was threatened, to draw the fœtus upward. In these same times all wounds inflicted by metallic bodies were treated with the magnet. It was carried so far, that magnetizing the weapon that had produced the injury was deemed all-sufficient.

Hence, arose weapon salves. The following recipe is a specimen of the character of these salves:—"Take of moss growing on the head of a thief, who has been hanged and left in the air; of real mummy; of human blood, still warm, of each one ounce; of human suet, two ounces; of linseed oil, turpentine and Armenian bole, of each two drachms; mix all in a mortar and keep the salve in an oblong, narrow urn."

From two to four centuries have passed since such ridiculous ideas were in vogue concerning the magnet, among the highly educated of the times.

It is a question whether a delusion ever entirely dies out. Appearing at some time of its history, even among the educated, it finally is pushed back to the ignorant classes, among whom it may be retained for ages. Like the grains of corn found in the Egyptian catacombs, hidden for centuries in the dark chambers of the dead, they need but a favorable opportunity to spring up and produce a luxuriant harvest. So the seeds of delusion are retained among the superstitious, and in the fullness of time, under favorable circumstances, they may bear an abundant harvest of error.

Within a year a blooming, but ignorant, mulatto damsel earnestly requested me to procure for her a magnet, that a truant lover might be attracted back to her side and arms. It is to be trusted that our young ladies will not adopt the hanging of a magnet from the vinaigrette, to aid them in attracting and charming young gentlemen at the sea side, or in the drawing room.

Is it not, also, the recognition of these latent seeds of delusion among the ignorant, that leads quack medicine venders to apply the term "*magnetic*" to many of their mixtures? Thus, we hear of magnetic liniments, plasters, salves, pills and syrups; magnetic disks and touches, and so on, through an extensive list. Some of the other catch-names used by these villains to delude the people may be gathered from a price current of proprietary medicines. For instance: Electric, infallible, scattering, *volcanic*, oil of life, golden, magic, voltaic, etc., etc.

In my library I have a little book, 130 years old, published in London, called the "Problems

of Aristotle," from which may be gathered a good idea of the state of scientific knowledge and of the errors of his age.

We are wont to call our age a materialistic one, but what is more material than the explanation given by Aristotle twenty-two hundred years ago, why the brain is moist? He says, "because it may easily receive any impression, which moisture can best do, as it appeareth in wax, which doth easily receive the print of the seal when it is soft." The work abounds with allusions to the banefulness of a certain fluid called phlegm, if existing in excess in any part; also to the methods taken by Nature to relieve this condition of excess in a part. The secretion from the mucous membrane lining the nose and frontal bones was considered to flow from the brain. One of the reasons he gives why Nature made the nostrils is, because the phlegm which doth proceed from the brain is purged by them; and men sneeze so that the sight and brain should thereby be purged from superfluities; giving then the application of this knowledge by advising the use of sneezing medicaments to purge the brain. He cautions us that such persons as cannot sneeze die quickly, because it is a sign their brain is wholly flooded with evil humors. If the amount of sneezing bears any relation to intellection, oh, ye people, ye voters, choose, then, for all positions requiring clear-headedness, the poor hay-fever sufferers. By the way, I would remind all concerned that I am one of these victims. It would compensate very much for the two months of autumnal anguish, if at length it secured for me a presidential chair and a trip around the world.

Aristotle informs us that the heart is continually moving, because in it there's a certain spirit which is more subtle than air, and the retractions and expansions of the same cause the heart to throb and the pulse to beat.

A later school teaches that the proper dose of medicine could be obtained by taking the square of the patient's constitution, and yet no rules were given to determine the constitution. This assertion was quoted and requoted for many years.

Another strange error of ancient times was the idea of the function of the lungs. Fancied acid and alkaline humors were presumed to meet in the heart, to excite effervescence there, which generated heat to an extent that might have been dangerous, had not nature placed the lungs in the vicinity, to act like a pair of bellows, and temper it.

Aristotle also taught that black eyes could see well in the daytime, but not well at night; while gray eyes were just the reverse. He tells us that the nose stands out further than other parts of the body because it is the sink of the brain, by which the phlegm of the brain is purged; and, therefore, it stands forth, lest the other parts should be defiled. He says, moreover, men have more teeth than women; spittle proceeds from the froth of the lungs; birds have no spittle because they have very dry lungs; white spots appear in the finger-nails through the mixture of phlegm with the nutriment. A woman which is with child with a boy, has the right pap harder than the left; eating fish and milk at the same time produces leprosy; milk is unwholesome, because it curdles in the stomach; blood is red, because it is like the part in which it is made, *i. e.*, the liver; the seed of a man retained above its due time is converted into some infectious humor; a woman conceives a female child when the seed of man falls into the left side of the matrix; if a woman, after copulation, does lie on the left side, 'tis a girl.

Many herbs having a reputed efficacy in the treatment of various diseases were, in the past, selected because of their form or marks; thus, wood sorrel, being shaped like a heart, is used as a cordial; liverwort for the liver; the celandine, which has yellow juice, for jaundice; herb dragon, which is speckled like a dragon, to counteract the poison of serpents, etc.

Scrofula was the king's evil for seven hundred years, and it was supposed to be curable by the royal touch, from the time of Edward the Confessor (1041), twenty-five years before the Norman conquest, to that of Queen Anne (1714). The last person touched in England was Dr. Johnson, in 1712, when only thirty months old, by Queen Anne. On Easter Sunday, 1686, Louis XIV, of France, touched sixteen hundred persons. The practice was introduced by Henry VII, of England, of presenting the person touched with a small gold or silver coin. (Dictionary of Words and Phrases). Scrofula is no longer the king's evil, but as a protection against fire and drowning an occasional advertisement may yet be seen in our daily print, calling for a child's caul. A spray from the rowan tree is no longer a safeguard against an epidemic; yet the bag of camphor or assafœtida is suspended from the neck of old women, to protect them from miasm and contagium. The desire for infallible remedies and potent protections is, indeed, as strong to-day as at any time in the history of man. This makes a rich field for quack medicine venders to work in.

Is there not something saddening, and even sickening, in the evident success which attends

the pretensions to cure chronic and irremediable diseases, to effect miracles, in short, with the most ridiculous means.

It is the duty of each physician to diffuse the knowledge of physiology and of medicine. Superstition is an offspring of ignorance. Let in the the light and you will disperse the darkness of error. It is not true wisdom to hoard, to lock up, your knowledge. Fight quackery with light, with education, and it is defeated. It is to the advantage of quacks to keep the people in ignorance; it is ours to have them well informed.

Medical Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

At the meeting of February 12th, Dr. Benjamin Lee read an article on an adaptable porous jacket employed in cases of Pott's disease and spinal lateral curvature. This jacket is made of porous felt, and its design is the same as that of Dr. L. A. Sayre's plaster-of-Paris jacket, except that the latter is immovable, while Dr. Lee's is adaptable. The latter peculiarity gives it various advantages, in the opinion of the lecturer.

In the discussion which followed, Dr. H. H. Smith expressed his opinion that those who wrote most on the subject ignored greatly the anatomical relations of the spinal column, and were too purely mechanical in their ideas. He feared that there was such a thing as living too long, when he noticed that plans of treatment formerly well known had been lost sight of, and others renamed as novelties. Fifty years ago, in the practice of Dr. J. K. Mitchell, of this city, the speaker had seen almost the same apparatus for suspension by the head and shoulders as had been exhibited this evening. This plan was then used by Dr. Mitchell, with the promise of very excellent results, but in several instances in which it had been tried, under the speaker's observation, the result was not what had been anticipated by either the surgeon or the patient. Indeed, very little had been gained by suspension that was not also derived from the old treatment of confining the patient to bed.

Independently of the fact that treatment by extension is not new, and independently of its former results, the speaker would inquire of the lecturer how suspension by the armpits can stretch the spinal column. You may push the scapulæ as far up as the ears, and yet not stretch the spine. The axillary horns of the crutch-like splint devised by Pott were not intended to extend the spinal column, except by the instrument makers; but the axillary or crutch-head processes kept the spine from bending forward, and thus straightened it, while apparently increasing its length. Dr. Smith would also extend this objection to the practice of self-suspension, which, though it might stretch the pectoral and scapular muscles, could not possible extend the vertebral column. The difference in height shown after suspension by the head is in some cases but slight, or may be an error in the measurement, but in other cases it is due to throwing the shoulders backward and partially unbending the bow formed in the spinal curvature.

Dr. Lee replied at some length to the observations of Dr. Smith, stating that in the suspensory apparatus the shoulder straps are not intended to extend the spine, but merely to relieve the patient occasionally, by taking part of the weight from the neck in applying the jacket. When using self-suspension as an exercise, the axillary bands are never used.

Dr. M. O'Hara reported the case of a child, sixteen months old, who had for two days presented the following symptoms: intense pain, as if from violent colic; threatening convulsions; and sleeplessness; The bowels and bladder were thoroughly evacuated without effect. Relief was obtained only after narcotism by potassium bromide and opium. By accident the mother perceived a foreign body protruding from the anus, and by traction withdrew about eight inches of ordinary grocery twine, which at once afforded complete relief.

RHODE ISLAND MEDICAL SOCIETY.

At a recent quarterly meeting of the Rhode Island Medical Society, the Secretary, Dr. Anthony, moved that a committee be appointed to consider the feasibility of petitioning the General Assembly for the enactment of a law regulating the practice of medicine.

Dr. Ballou said that such an effort would be more favorably received if proposed by the laity. If a proposition which aimed at the exclusion of certain alleged medical practitioners sprang from the Society, the charge of selfishness would be made against its members. He was opposed to quacks, but doubted the wisdom of the proposed scheme.

Dr. Anthony replied, stating that a law regulating the practice of medicine was in successful operation in Illinois.

Dr. Newhall was in sympathy with the remarks of Dr. Ballou. He thought that a large proportion of the people of the State were in the hands of quacks. If a man was sick, he would send for the man who would cure him in the shortest time. He doubted, therefore, whether the proposed law would do any good.

Dr. Anthony explained that the law was not intended to exclude practitioners of any one school. It was merely to see that applicants for leave to practice medicine were reasonably well qualified to do so.

The society then voted to appoint the committee of inquiry, and the chair appointed Drs. Ballou, Baker and Wiggin as the committee.

Dr. Potter moved as an amendment to the by-laws, that applicants for membership in the Society should be propounded at the meeting of the Society previous to the one at which the vote on admission would be taken.

Considerable discussion ensued, mainly on minor points involved in the question. The resolution was finally referred to the Board of Censors, for their consideration.

A communication was received from the Rhode Island Pharmaceutical Society, agreeing to the

adoption of the metric system on and after Jan. 1, 1880.

Dr. Kenyon, from the Committee on Expert Testimony, reported that physicians were not obliged to testify as experts without extra compensation. If they testified voluntarily they could only claim ordinary witness fees. The committee recommended that application be made to the General Assembly for the enactment of a law in relief of cases of expert testimony. The committee was continued, with power to apply for such legislation as might seem to be needed.

Dr. Caswell reported two interesting cases. One of them was that of a shawl-pin removed from the windpipe of a girl. The pin was inadvertently swallowed, and was removed by tracheotomy, after having been in the throat for three weeks.

Dr. Garvin read a paper upon diphtheria in the country towns.

Dr. Whitney agreed with a good deal that Dr. Garvin had said. He thought that diphtheria was of a catarrhal origin.

Dr. Forsyth enlarged upon what Dr. Garvin had said against the idea that the physician could carry the disease from one person to another. He had had a large experience in diphtheria, and never knew a case where the physicians could have carried the disease.

Dr. Brown said he had noticed that when there was a good deal of cholera infantum there was very little diphtheria. He thought the temperature had, indirectly, a good deal to do with the disease.

Dr. Mitchell was called upon for his opinion. He spoke for a moment about cases which had fallen under his experience.

Dr. Stanley was satisfied that filth had but little to do with the disease. He noticed that the disease was much more prevalent in one locality than another, but confessed that he was a good deal in the dark about the disease. This sentiment was mildly applauded.

Dr. Ballou queried what changes had taken place in the air of the earth that made cases of throat disease so much more numerous during the past ten years than they had been previously.

Five minutes recess was then taken.

Upon reassembling the committee appointed for the purpose nominated the following gentlemen as delegates to the meeting of the American Medical Association, to be held at Atlanta, May 17: Drs. E. T. Caswell, George P. Baker, Charles O'Leary, W. E. Anthony, J. H. Eldridge, L. W. Clapp, L. F. C. Garvin, C. S. Gardner, H. G. Miller, A. C. Dedrick, F. H. Peckham, Jr., George W. Porter, O. C. Wiggin, F. H. Rankin, J. W. C. Ely, O. W. Brown, C. H. Fisher, and S. F. Walker.

The delegates were elected.

The Board of Censors reported upon Dr. Potter's resolution referred to them. The Board reported the adoption of a rule requiring applicants for admission to the Society to make their application to the secretary, who should read the names in open meeting, after which the name of the candidate should lie over for three months before being acted upon.

Dr. H. G. Miller exhibited some new instruments for medical use, and explained the operation of two new remedies, both relating to the treatment of diseases of the eye.

Dr. Brown gave an account of a case recently in his hands. He read extracts from the experiences of another physician, chiefly with reference to the favorable result to be obtained from the antiseptic treatment in ovariotomy.

Dr. Newell said the Massachusetts State Board of Health was inquiring into the subject of heredity. He had received a paper asking for information upon the subject. If any of the older physicians had information bearing upon the subject, he should like to be informed.

Dr. Caswell stated a case which had fallen under his notice.

The meeting then adjourned to Ardoene's, where an excellent collation was served and enjoyed.

Editorial Department.

Periscope.

Nerve Stretching in Tetanus.

The *Medical Times and Gazette*, of London, says—

Dr. J. J. L. Ratton, Professor of Surgery at the Medical College, Madras, has published a small pamphlet with the praiseworthy object of encouraging the study of tetanus, and especially its treatment. Hospital statistics which he gives show that the disease at Madras is most prevalent and fatal in April, and least so in September and December. It affects natives more than it does Europeans, apparently because the native is more exposed to the changes of temperature between night and day. He has had more cases in patients kept in sheds out in the open air than in the wards of the general hospital; and cases frequently occurred after a rain storm. Regarding treatment, he is most in favor of the chloral hydrate, but it must be given very boldly and continuously, in heroic doses, kept up for at least a week or ten days. Drachm doses should be given every two or three hours, till the patient is so far narcotized that he lies in a state of sleep, from which he can be roused to take food in a mechanical way at intervals. When the narcotism has been established the medicine may be given less frequently. Dr. Ratton declares that it is worse than useless to give the chloral timidly or intermittently. He devotes some attention to nerve stretching, of which his impression is favorable, as a means "of modifying the conductivity of the whole nerve, from its roots to its termination, and of establishing a new and healthier action in it." He gives four cases in

which he performed this operation, but of the four three were fatal, although the *clonic* spasms of the limbs appeared to be controlled. The patient who recovered was kept under the influence of chloral for a fortnight after the operation. The other patients died from exhaustion, and would probably have died under any treatment. Dr. Ratton does not seem to think the carbolic acid spray essential in the operation of nerve stretching, and, curiously enough, seems to consider that suppuration in the course of the nerve that is stretched is "an important factor in the remedial action of nerve stretching."

Treatment of Obstinate Psoriasis.

Dr. J. B. Bradbury writes to the *Lancet*—

There are few physicians who have not met with cases of psoriasis which have been most rebellious to treatment. During the last few years several such cases have come under my notice, and I venture to place before the profession the methods of treatment I have found most useful in these obstinate forms of the disease. At one time I treated all cases of psoriasis with Fowler's solution, and an ointment containing in each ounce of lard six grains each of the bisulphuret and red oxide of mercury, and two minims of creasote. The success attending this mode of treatment was most marked. Four or five cases have, however, of late been under my care, in which this method of treatment has signally failed.

One of these cases was that of a young girl, fourteen years of age, who had never menstruated, and whose body was almost covered with the eruption, the patches being especially well developed over the elbows, knees, and abdomen. In this case all the ordinary remedies were tried, including red ointment, alkaline and bran baths, Plummer's pills, arsenic alone in ordinary doses, and combined with iodide of potassium, liquor potassæ, tincture of iron, tar capsules, Donovan's solution, the biniodide of mercury, tar and carbolic acid ointments, etc. There was, however, little or no improvement, although the remedies were fairly tried for a sufficient length of time to test their efficacy. The girl was well nourished, otherwise I should have given her cod-liver oil. What benefited the patient most was a mixture containing eight minims of liquor arsenicalis and ten grains of potassium sulphate, in an ounce of water, given thrice daily; and subsequently a mixture containing sulphate of iron and sulphate of magnesia. The eruption did not completely disappear till the catamenia had been for a long time established.

On Chronic Nephritis.

Drs. Sparks and Bruce lately presented a paper on this subject to the Royal Medical Society of London. They showed the relations of the amounts of urine, albumen and urea to each other in the patient on ordinary mixed diet, and while taking ordinary exercise; and then gave the results of experiments with absolute milk diet, non-nitrogenous diet, excess of eggs, and nitrogenous diet with water, respectively, and also the effects of rest, of exercise, and of the administration of digitalis, upon the amount of albumen and of urea, and on the specific gravity and the total amount of the urine. The principal conclusions arrived at are—that the amount of albumen was reduced by milk diet and by non-nitrogenous diet; that the effect of the milk diet was not merely due to the albumen being more than ordinarily diluted, for ordinary diet, with an equal amount of water, did not produce the same result; that the effect of non-nitrogenous diet was decided, was not immediately produced, and persisted some time after the re-ingestion of nitrogen; and that absolute rest markedly reduced the amount of albumen. The authors do not pretend to draw settled general conclusions from their experiments, to be applied universally in Bright's disease, but think that their observations indicate that certain factors beyond the disease process had to be regarded in this case of albuminuria; these factors must be physiological facts which are still unknown, which evidently are related to the processes that occur between the digestive organs and the kidneys, and which, being physiological, must be taken into account in every case of albuminuria; and that diet and rest are of the greatest importance in the treatment of albuminuria. Much has been written lately on intermittent albuminuria, and the results obtained by the authors suggest that all cases of albuminuria not intermittent are probably remittent. They do not accept the explanation of the increase of albuminuria by exercise as always due to increased pressure; and their view on this point is supported by Dr. Quain's account of a case in which albumen was present largely in the urine after breakfast, and declined very greatly during the day. One of the most remarkable points about the paper is the fact that the great majority of the laborious and careful investigations were made by the patient himself, who is a medical man, suffering from chronic phthisis, chronic heart disease, and chronic nephritis, the urea, albumen, specific gravity, and total amount of the urine being estimated five times daily, for weeks.

The Treatment of Acute Obstruction of the Bowels.

Writing on obstruction of the bowels, Dr. T. C. Allbutt says, in the *British Medical Journal*—

Let us dispose hastily of all cases of essentially chronic obstruction. They rarely need heroic action or great presence of mind either in physician or surgeon. We thus clear our way to the essentially acute cases; and we have found that in these inflammation always counts for something, generally for a good deal. Now, whether we know exactly how to deal with the main cause or not, we always know how to deal with the inflammation; and, except in the extremest urgency, our first duty is to simplify our case by lessening this. Unfortunately, means are often used which tend rather to aggravate the enteritis, and of all these, injections into the bowel are the most mischievous. Even in the case of fecal accumulation, it is not the fecal mass, but the inflammation set up by it, to which the explosion is due, so that even in these cases it is wild practice to pump into the inflamed

bowel and to drag the patient hither and thither in bed. Even for diagnostic purposes, enemata are rated far too highly, and are rarely of much service. Clearly, it is our duty to reduce our case by complete rest, opiates, fomentations, and a leech or two to the abdomen or anus until the enteritis subsides, and then we can deal as we see fit with its cause. But if enemata are abused in fecal accumulation, wherein they are chiefly valuable, what are we to say of the fashion of forcing their employment in cases of internal strangulation? It is certainly conceivable that an intussusception may be unfolded by a forcible and ample injection, or by the insufflation of air, but to force air or water against a knotted or snared loop of intestine is surely outrageous meddling. And yet I have never been called into a case of such obstruction without finding that such a measure has been assiduously employed, to the harassing of the patient, to the aggravation of the symptoms, and to the increase of inflammation around the stomach. I believe no formula can be drawn from our experience of more value than this, namely, that if rest in every way be sedulously enforced, and the inflammation which palsies the bowel be carefully combated by the use of sedatives, such as opium and belladonna, and other means, cases of obstruction of the bowels tend to recovery.

The Treatment of Alcoholism.

In the *Practitioner*, Dr. F. P. Atkinson says, on this subject—

As far as I can see, there would appear to be three different stages in this disease, viz.:—

1. Sleeplessness, accompained by a hard, quick pulse; loss of appetite in the morning, and morning sickness.

2. Drowsiness, accompanied by a slow, somewhat compressible and excitable pulse; complete loss of appetite; and constant sickness. The blood has in it an excessive amount of hydrocarbon.

3. Delirium, accompanied by complete absence of sleep and the presence of horrible apparitions, especially at night. The pulse is small, quick, easily excitable and compressible. The blood is deficient in red corpuscles. Hydrocarbons are present in poisonous quantities; the brain undergoes little or no repair. The vasomotor nerve influence is almost entirely lost.

The treatment I have found beneficial in each stage is the following:—

First Stage.—

℞.	Tinct. rhei.,	♏x
	Tinct. card. co.,	℥ss
	Tinct. hyoscyami,	℥ss
	Acid. hydrocyanic, dil.,	♏iij
	Sp. chloroformi,	♏xv
	Aquæ, ad,	℥j.

Quartis horis.

The prussic acid acts as a sedative to the stomach, heart and brain. The hyoscyamus has also to a certain extent the same effect.

Abstinence from stimulants in this, as in the other stages, is strictly enjoined, but when I find it difficult to get this carried out, I allow a glass of claret three times a day. It is essential that the patient gets plenty of light and easily digestible food, and with this object, I order Brand's essence of beef, milk and eggs beaten up together, and barley water. This diet is suitable to each stage. The only thing to be said is, the more the depression the more the nourishment.

Second Stage.—The treatment should be the same as just described, only it is as well to omit the prussic acid, as there is not the same excitement present.

Third Stage.—Chloral should be given in thirty-grain doses every four hours, till sleep comes on, and then repeated as often as necessary. The nourishment should be by no means forgotten, and stimulants should be strictly forbidden.

If chloral is gone on with beyond a certain time, a sleepless condition recurs, when nux vomica and gentian should be given, as follows:—

℞.	Tinct. nucis vomicæ,	♏x
	Tinct. gentian co.,	℥ss
	Ess. limonis,	♏j
	Sp. chloroformi,	♏xv
	Aquæ, ad,	℥j.

Ter quaterve die.

This rarely fails to reinduce sleep, but if persisted in long after it has produced its effect, sleeplessness returns. When this is the case the tincture of gentian, calumba or chiretta should be given alone.

These remarks, I am afraid, will have but little interest for the scientific observer, but they cannot, I think, fail to be of use to those engaged in general practice.

To show to what extent alcohol may be present in the blood, I may mention I have known it to burst into flame on a light being applied to a cut head, and Professor Ogston, of Aberdeen, has told me he has been able to set it alight, when he has cut open the bladder of a man who has died in a fit of alcoholism.

Significance of Tremor.

Dr. A. Colles says, in the Dublin *Journal of Medical Science*, We may, I think, feel justified in saying that the relative value of the two forms of tremor as a pathological symptom is this: That when the trembling is constant the case is to be regarded as one of irritation of the nerve centres (though the exact nature of this irritation still remains to be determined), while in those cases where the tremor is intermittent, and excited chiefly by attempts at voluntary motion, we have to deal with instances of real paralysis, due, in all probability, to nerve mischief deep seated, and so far as our present knowledge extends, irremediable. Both classes of cases present very much of interest, and a wide field for research and study, not only to the pathologist, but also to the physician; and while regretting the very small amount of real knowledge of the subject of which the profession can at present boast, we must hope that, with the daily advance of science, we may soon obtain clearer and more definite information for our future guidance.

On the Surgical Treatment of Anasarca.

Mr. H. A. Wickers, M.R.C.S., late House Physician to Charing-Cross Hospital, writes to the *Lancet*—

The treatment of anasarca, whether cardiac or renal in its origin, after ordinary therapeutic measures, such as diuretics, purgatives, etc., have failed, is, in many instances, very unsatisfactory. If the patient be let alone he rapidly gets waterlogged and dies; incisions or punctures nearly always lead to sloughing, while other plans of treatment have proved scarcely less unsuccessful.

The following method has been in use at Charing-Cross Hospital for some months; it has been found to increase the patient's comfort considerably, while in no instance has it been followed by ulceration, sloughing, or cutaneous inflammation; it appears, indeed, to substitute a perfectly safe means of getting rid of the fluid for those which have hitherto been attended by much risk.

The legs having been well oiled, and a mackintosh sheet placed under them, about twenty or thirty punctures are rapidly made in their sides with a stout straight needle or hare-lip pin, care being taken that the needle is passed deeply into the subcutaneous cellular tissue. Some sponges which have been well wrung out in a solution of salicylic acid are now placed against the punctures, so as to absorb the dropsical fluid as it transudes; these sponges as they become saturated are squeezed out, and again passed through a solution of salicylic acid before being replaced against the patient's skin. In this manner renewals may be required every two or three hours, and several pints of fluid may be drained away during the first twenty-four hours, the whole process being possibly completed in four or five days, at the end of which time the punctures are usually healed.

By the use of salicylic acid in the manner described, decomposition of the transuded fluid is obviated, the sponges are kept free from fetor, the skin is not irritated, and cutaneous inflammations of a low type, with their attendant evils, are entirely prevented.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Annual Review of the Drug Trade of New York, for 1878," by Mr. D. C. Robbins, is a paper full of interesting information.

——"Medici Nugæ," by Dr. F. A. Von Moschzisker, is a lame attack, in halting verse, on the regular profession, by a peripatetic oculist.

——"Disease Germs, their Origin, Nature and Relation to Wounds" (pp. 22), is a reprint from the *Transactions* of the American Medical Association. The author is Dr. B. A. Watson. It is largely historical, and defends the theories of Lister.

——The April number of *Godey's Lady's Book* well sustains the ability of the new management. Christian Reid continues the pleasant story of "A Gentle Belle." A pretty fairy tale by Miss Harriet B. M'Keever will please the children, while numerous short articles, fashion news, and instructive paragraphs will attract the elders. ($2 per year.)

——Part v of Dr. L. A. Duhring's "Atlas of Skin Diseases" is out. It embraces representations of scabies, herpes zoster, tinea sycosis and eczema vesiculosum. The chromo-lithographs are executed with wondrous fidelity, and especially the one of scabies impresses us with its truthfulness to nature. The descriptive text is full, and written with the care always characteristic of this author. (Published by J. B. Lippincott & Co., Philadelphia. Price $2.50 per part.)

BOOK NOTICES.

The National Dispensatory. Containing the Natural History, Chemistry, Pharmacy, Actions and Uses of Medicines, including those recognized in the Pharmacopœias of the United States and Great Britain. By Alfred Stillé, M.D., LL.D., etc, and John W. Maisch, PH.D., etc. With 201 illustrations. Phila., H. C. Lea. pp. 1628. Price, cloth, $6.75, sheep, $7.50.

This long expected work will be welcomed by many who have waited for its appearance. The incomplete revision given to the last edition of the United States Dispensatory left out many important remedial agents, and awarded insufficient space to others. Moreover, the arrangement of that work into three parts was artificial and inconvenient. The present Dispensatory is arranged in alphabetical order from the commencement, the recent advances in chemistry and pharmacy are mentioned, and an effort made to include the late novelties in the review of the resources of the physician. This is carried out with that sound conservative judgment which characterizes all Prof. Stillé's work. Thus, under Damiana we read: "It has been widely and boldly advertised as a remedy for sexual impotence or indifference in either sex; but there is not the slightest reason for confiding in the statement." "Nearly all of the preparations of pepsin are absolutely inert intrinsically." "The accounts published of the remedial virtues of witch hazel seem to be as hard to accept as the popular faith in it as a divining rod." Of

hydrastis the authors say: "A variety of incongruous virtues have been attributed to it. It does not deserve to rank among officinal medicines." On the whole class of vegetable depressants, of which gelsemium and veratrum viride are examples, the authors are particularly severe. They consider these agents have done "incalculable harm;" the patients "would have been better off, not only without their use, but also without that of the medicines associated with them." These and many such passages we earnestly commend to the attentive study of those numerous physicians who are led away by the attractions of botanical remedies, and also to those medical editors who are so willing to accept with enthusiasm every new discovery (?) in therapeutics, especially when its announcement is accompanied with an advertising contract.

The chemical and pharmaceutical sections have, we may suppose, received the especial care of Prof. Maisch; and as he is *facile princeps* in that branch, nothing can be said of them except in praise. The illustrations are chiefly of plants. The usual tables close the work, and two indexes, one general, and one therapeutical. The latter is so complete that its usefulness is impaired; a seeming paradox understood when we add that it includes all the suggestions quoted in the volume, whether questioned by the authors or not.

The Principles and Practice of Gynæcology. By Thomas Addis Emmet, M.D., Surgeon to the New York Woman's Hospital, etc. With 130 illustrations. Philadelphia, H. C. Lea, 1879. pp. 855.

Dr. Emmet's extensive experience as a surgeon to the Woman's Hospital, New York, has enabled him to study cases of diseases of the sex to an extent not found outside of a great city, and rarely within one. These opportunities he has availed himself of to good purpose, and has long ranked among the leaders of his specialty in New York. He presents us now with a volume mainly the result of his own observation—as he calls it, "a clinical digest."

Beginning with a chapter of general considerations as to climate, education and social life, he proceeds to the description of instruments and appliances, and the methods of examination. The general cause and treatment of disease next come up for consideration. Abnormal menstruation and diseases of the vagina follow; after which are discussed uterine displacements, and diseases, lacerations, malignant and benign growths, different forms of fistulæ, diseases of the urethra, bladder and ovaries; closing with several chapters on abdominal and ovarian tumors, and the details of ovariotomy.

The illustrations are generally, but not always, what the reader should expect, in execution and impression; and the instructions in treatment are often expressed in what appear to us to be too general terms, and hence are vague. Occasionally, also, cases are reported at tedious length. In other respects, the work is very satisfactory.

A Treatise on the Diseases of Infancy and Childhood. By J. Lewis Smith, M.D. Fourth edition, thoroughly revised. With illustrations. H. C. Lea, Philadelphia. 1 vol., sheep, pp. 758.

The treatment of diseases of children, as is justly remarked by the author of the work before us, has undergone many changes in the last few years. The ingredients have been changed, and the forms of administering them have been greatly improved upon. Hence, in the period which has elapsed since the third edition of the work, so extensive have been the advances that whole chapters required to be rewritten, and hardly a page could pass without some material correction or addition. This labor has occupied the writer closely, and he has performed it conscientiously, so that the book may be considered a faithful portraiture of an exceptionally wide clinical experience in infantile diseases, corrected by a careful study of the recent literature of the subject.

Lectures on Practical Surgery. By H. H. Toland, M.D., Professor of Surgery in the University of California. Second edition. Illustrated. Philadelphia, Lindsay & Blakiston. 8vo, cloth, pp. 520. Price, cloth, $4.50.

In spite of the severe handling Prof. Toland's book received on its first appearance from the medical press, it has conquered the reviewers to the extent of selling the first edition. For ourselves, though, of course, perceiving the literary deficiencies of the production, and the occasional inaccuracies of statement it contains, we think that these are largely attributable to the fact that the lectures were taken down by a shorthand reporter, and printed from his notes; and in spite of them there is a great deal of good suggestion, of matured experience, and of sound information in the volume.

The present edition has one lecture and several cases of aneurism added, and the text has been revised.

THE

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THE SENSE OF SMELL.

Of the various senses, that of smell has received the least cultivation in the human race. It occupies quite a subordinate part, either in the pleasures or the utilities of the life of man; but in many of the lower animals this is quite different. They depend for their safety on this more than on any other sense; and with them it is developed to a remarkable degree.

The theories of odors are two in number. The more common one is that recently defended by Dr. T. B. WOLFF. He states that to produce a sensation of smell, a chemical combination of a vapor emanating from the odorous body with a fluid is necessary. This fluid constantly moistens the olfactory mucous membrane, and is prepared in those natural laboratories, the glands of Bowman, whose anatomical relations have long been known, but whose physiological function is still a matter of doubt.

The second theory is that odors are produced by a vibratory movement in the atoms of the odorous substance, and which vibrations are transmitted to the olfactory nerves through the circumambient medium. In favor of this hypothesis, it may be urged that the organization of the olfactory nerve, and its susceptibility, are thus brought into analogy with the ophthalmic and auditory nerves; that certain non-volatile substances, as stones and metals, have odors; that rapping on the teeth, and other actions, bring about a sense of smell, apart from any material excitant of the olfactory nerve; that fish and crustacea rapidly scent certain substances, long before they can have been dissolved in the water; and finally, that the perception of odors by certain animals is far more rapid than dissemination of particles of the substance through the air could take place.

We do not pretend, however, to decide between these hypotheses. They simply illustrate that much is to be studied yet in defining the physiology of this sense.

The therapeutical employment of olfaction has also received little attention, although it is suggested by a number of striking facts. The intimate relations of this sense to the conditions of the stomach is of daily experience. Nausea and vomiting are produced with great facility by certain odors which we call stinks or stenches; on the other hand, these symptoms are allayed by others of a stimulating and aromatic character. Linnæus sought to classify odors, and arranged them into seven principal sections, to wit: aromatic, fragrant, ambrosial, garlicky, fetid, repulsive and nauseating odors. This is obviously a merely superficial and artificial classification, and unfitted to form the foundation of a scientific study of the subject.

The indirect effect of odors is very marked. Many persons suffer from headache when exposed to the aroma of musk, of the calla lily, and of many other plants. Indeed, much of the influence which house plants exert on the health of residents is attributable to their irritation of the olfactory sense. Many gases act directly and powerfully in this manner, producing headache and other disturbances of the brain, through the sense of smell.

All animals in rut emit an odor very stimulat-

ing to the generative powers of the males of their kind. And animals at all times give out strong scents. The human species are no exception to this. The female during menstruation exhales a peculiar odor, often easily discerned. The odor of the lochia is peculiar, and readily recognizable. The dog follows his master by the scent left by his feet. The prevalence of epidemic abortion in dairies is distinctly traced to an odor given off from the membranes and lochia of the cow which first aborts.

All these animal odors are due to salts of sodium and potassium, with volatile and fatty acids, as the caprylate, the caproate, the butyrate, and the hyrciate of sodium and potassium. These salts are easily distinguishable in the blood. Let the blood of any animal be treated with sulphuric acid, and it will give forth the odor peculiar to that animal in an exaggerated degree. Practice will enable the experimenter to distinguish thus between the odor of the blood of a man and a horse, between a white man and a black man, yes, even between a man and a woman of the same race! At any rate, so says ROBIN, and we dare not doubt his accuracy.

In matters of diagnosis, Drs. HAMMOND and HUTTON have written thoughtful articles on the odors of disease. And what they have said has justly attracted attention. Many diseases can be recognized by their smell alone. To distinguish gangrene from cancer, lochial from urinary discharges, necrosis from ulceration, variola from varicella, and many another case, all we need is our nose.

Dr. J. T. CAULKINS remarks, in a recent essay on diphtheria, in the Detroit *Lancet*—

"There is little need of mistaking diphtheria for any other disease. In making out the diagnosis, it is mainly necessary to exclude common non-specific pharyngitis, anginose scarlet fever and quinsy; from these and all other diseases it can be, after it is fairly established, diagnosticated in the dark, and without asking questions, if the diagnosticator has the sense of smell properly developed and educated. Some others of the zymotic diseases have bad smells that are peculiar and distinctive, but none to so marked an extent as diphtheria. The offensive effluvium is *sui generis* and pathognomonic of the disease; whenever it is present, no matter how anomalous the other symptoms may be (and they are sometimes very anomalous), the complaint is diphtheria. There may be a rash on the skin, and albuminous urine, but if the characteristic effluvium is there, the disease is not scarlet fever, but diphtheria; on the other hand, there may be no rash on the skin, and the throat may be lined with an ashy gray membrane, but if the effluvium is not there, the disease is not diphtheria, whatever it may be, either anginose scarlet fever or common pharyngitis."

But this organ has, we regret to say, received little cultivation among physicians. It is but casually called into service; and even the most ordinary rules of its use are disregarded. How many people pretend to test odors, and keep their mouth open, talking, while they do it! How many distinguish between the properties of odors developed by long and slow inhalations, and short and rapid sniffs! And other such elementary matters.

Finally, has any endeavor been made to increase our olfactory powers? We have the microscope for the eye, the stethoscope for the ear, but what have we to exaggerate the normal force of odor? Here is a field for invention, and a successful suggestion would not only enlarge our powers of observation, and thus add to our scientific knowledge, but would also largely augment the innocent pleasures of life.

NOTES AND COMMENTS.

The Use of White Wines.

A writer in the *Chemist and Druggist* says that universal experience proves that white wines are decidedly more deleterious than the red variety. This assertion is confirmed abundantly by statistics, and from a mass of private information obtained from wine-producing countries. Inquirers have received but one reply, in the shape of the strongest support of the opinion that white wines were to be used with the greatest degree of caution. A reason has been given for the difference in effect, which can be appreciated by our readers. Red wines are rich in tannin; white wines are not; the natural inference being that the astringent principle present forms a counteraction to the stimulating influence of the alcohol contained.

Copperas and other Disinfectants.

A French sanitary authority states that he found that the aqueous solution of one kilogramme of sulphate of iron destroyed the odor of a privy used by one hundred persons, but the effect lasted only twelve hours. Sulphate of copper acted similarly. One kilogramme of solid sulphate of iron lasted for two days. One kilogramme of a mixture of sulphates of iron and copper with carbonate of lime kept down the odor of sulphuretted hydrogen for two days. Liquid sulphurous acid acted rapidly, but its effects lasted for less than twenty-four hours.

Crude carbolic acid masked the odors of the privy, but with another only somewhat less disagreeable. The use of parchment paper prolonged the action of the deodorant. Thus, one kilogramme of sulphate of iron (*copperas*), contained in a parchment paper bag, began to operate after two hours, and acted during three days; one kilogramme of good chloride of lime, contained in a parchment wrapper, kept the privy inodorous for a period of nine days.

The Relation between the Age of the Mother and the Sex of the Child.

Dr. Bidder, in the *Zeitschrift für Geburtshülfe und Gynäkologie*, Band 2, gives the results of his observations in this subject. In 4441 primiparæ the proportion was 100 female to 111.5 male children. Very young primiparæ gave birth to a large proportion of boys; those of twenty or twenty-one years old had more girls than boys; while as the age increased the proportion of male children again rose. In 7430 multiparæ there were 100 female to 112.4 male children. The proportion of males exceeded that of females in those aged from seventeen to twenty-one; the number sank in the twenty-second and twenty-third years, reached its minimum at the ages of twenty-four and twenty-five, and then again increased in proportion to the age of the mothers.

Religious Objections to Anæsthetics.

In a recent lecture, Dr. B. W. Richardson, of London, states that the credit of having introduced chloroform belonged to the late Sir James Simpson, of Edinburgh. Its introduction and application were objected to on religious grounds, some people contending that man, according to Scripture, should endure pain and trouble throughout life. Sir James Simpson threw the scriptural argument back upon those who used it, by saying that when the first man had an operation performed upon him he was put in a deep sleep, and knew nothing of the time when the rib was taken from him.

Similar objections are now offered by many religious people, to preventing the spread of syphilis and gonorrhœa.

Menstruation During Pregnancy.

In the *Gazette des Hôpitaux*, Dr. Charles reports the case of a woman aged 24, who menstruated regularly during the whole of the nine months of her first pregnancy, and was delivered, with much difficulty, of a still-born child. In her second pregnancy, she menstruated during the first months; the flow then suddenly ceased till the eighth month, when a violent metrorrhagia came on; which was, however, stopped by two days' rest. A few days before delivery a new metrorrhagia came on, which was stopped by plugging the vagina, and was followed two days later by a normal confinement. The author suspected, from the last hemorrhage, that there must have been a marginal insertion of the placenta.

Pyrogallic Acid in Psoriasis.

Dr. A. Jarisch (quoted by the London *Medical Record*) reports his complete success in the treatment of psoriasis by pyrogallic acid. At first he used an ointment containing 20 per cent. of pyrogallic acid; this was, however, found to produce excoriations. Hence he has reduced the ointment, as ordinarily used, to the strength of 10 per cent., and in some cases he uses one of 5 per cent. only. If spread on muslin, and then applied, it must be still further diluted, otherwise it acts as an irritant. Aqueous solutions should contain about 1 per cent. Pyrogallic acid acts not as rapidly as chrysophanic acid, but it is equally certain in its results.

The Relief of Cough in Phthisis.

A writer in the New York *Medical Journal* states he has found, for this symptom, morphia valuable for its immediate effects, but unsatisfactory in causing nausea.

Hydrate of chloral in doses of ten grains proved of more value practically than any other. It did not cause nausea, and was remarkably uniform in its action. In some cases it caused sleep, but did not entirely check the cough, the patient sleeping and coughing at the same time. It is proposed to try the picrate of ammonia, and at a future time a report will be made.

Correspondence.

The Contagion of Yellow Fever.

Ed. Med. and Surg. Reporter:—

Having written you some time since on the subject of yellow fever, or more especially, my opinion as to the cause of this fearful scourge, I now submit for your further consideration a few thoughts on the question of contagion or infection (terms so nearly allied to each other that a distinction seems without a perceptible difference). However, as to the real question, the manner in which the disease is conveyed from its original source to other places throughout the country is certainly one of very grave importance, and a question upon which the profession seem much divided; some contending that the disease is purely epidemic, and transmitted alone through atmospheric influences; others, that it is contagious, and its spread mainly due to this cause; while a third and larger class seem to ignore altogether the idea of contagion, claiming that the disease prevails only where local malarial causes are present. That the disease is endemic in character and origin, and may become epidemic throughout the South, we have every reason to believe; and that it is of malarial origin, we have, in a former article, attempted to show. But that it is non-infectious or non-contagious in its prevalence, we cannot admit; believing, as we do, that within the animal economy, during the process of malignant diseased action, pathological phenomena may occur, or conditions exist, giving rise to a product, as a result of this diseased action, which may be termed material or immaterial infection, and which, when sufficiently concentrated, either in quantity or virulency, within the texture of clothing or the surrounding atmosphere, constitute the exciting cause of the disease with others; and by this process, in our opinion, is this disease maintained and spread from its original source. Surgeon General Woodworth, in his report, holds that the disease is never conveyed directly from the person of the sick to the well; but always through the medium of the wearing apparel, bedding, etc.; and affirms that this fact has been proven by repeated experiments, in New York and elsewhere, by quarantine officials. Then, if these disease germs, as he terms them, or this infection or poison, as we would style it, are insufficient, either in quantity or quality, to produce disease as they emanate from the person of the sick, does it not substantiate our theory of concentration of malarial cause being adequate to the original production of malignant yellow fever, and also the theory of this disease being self sustaining and transmissible by the operation of infection, acting either directly from the person of the sick or through the agency of wearing apparel, bedding, etc.? Again, our knowledge of general pathology impresses us with the idea of an overwhelming force, not only in the cause producing this disease, but in the diseased action itself, early resolving and melting down the tissues by disorganization and disintegration; in fact, the constituents of the black vomit are full of the evidence of great vitiation of secretion, besides disorganization of the blood, and when disease so malignant, febrile action so extreme and violent, disorganization and disintegration so constant, are an accompaniment, can we wonder that an effete virus or contagion should be the result?

We conclude with the following: First, that yellow fever originates within our own country, and that from malarious cause. Second, that it possesses the inherent power of self propagation, by the production and elimination of a poison peculiar to itself. Third, that this disease is peculiar to southern climates, and only prevails in northern zones when conveyed there through the intervention of infection. Fourth, that a high degree of temperature is strictly essential to its rise and continuous progress, and that a low degree of temperature is the enemy of the disease, and the invaluable friend of the human family under the prevailing influence of this baneful epidemic.

Alexis, Ill. J. P. McClanahan, M.D.

The Poisonous Dose of Veratrum Viride.

Ed. Med. and Surg. Reporter:—

Dr. Fowler, of Elmo, Texas, invites the "kindly criticism" of his "professional brethren" on his prescription, appearing in the Reporter, March 15th. If you have made no mistake in publishing his communication, I would respond by simply asking him if the "druggist" attributed *all* the danger to the veratrum? I would suggest that the doctor take a dose himself, and then he will *practically* know (for a short time, at least) whether it be innocuous or not; but would advise him to put in a little more of the hypochondriacal Norwood before he tries it, to counteract, in a measure, the *elevating* effect of the "ammoniæ carb."

E. T. R.

Ed. Med. and Surg. Reporter:—

In the number of the Reporter for March 15th, under the heading of "Correspondence," I was personally interested in reading the article written by R. Fowler, M.D., of Elmo, Texas, on the poisonous dose of veratrum viride, having at one time taken an overdose, through mistake.

I had a patient, a lady, taking fluid extract of ergot, in teaspoonful doses, for headache. My patient having taken all I had prescribed I sent to the druggist for two ounces, and carried it to her myself. In a short time after leaving I was sent for in great haste, and on returning, found her vomiting, with coolness of the skin, difficult breathing, face pale, and with a very anxious expression. I gave her stimulants, and, as soon as she could, she told me the medicine was the cause of her sickness. I replied, "I guess not," and looking at the label on the bottle, and believing it to be ergot, I told her I would try it myself. I turned out a teaspoonful, which must have been nearly two drachms, and swallowed it. In half an hour I went to my boarding place. I soon felt a burning sensation in my stomach, nausea, etc. I then knew something was wrong about the medicine I had taken. I very soon vomited. I drank warm water, and continued the vomiting for four or five hours.

I was quite weak, had dimness of vision, etc., from the effects of the dose, but in two or three days had fully recovered. But my patient did not get over the effects as quickly, not being as strong as myself.

I soon made up my mind that it was veratrum viride we had taken, and so it proved to be, the druggist making the mistake.

Now, I don't believe an overdose would kill or injure a person who was strong; but one with a diseased heart, or, if through mistake, I had prescribed it in a case during or after labor, where we usually give ergot, it might, in either case, produce serious results. I generally prescribe fluid extract veratrum viride (Tilden's), in three or four drop doses, once in four hours, and I am almost sure to have the desired effect in eight to twenty-four hours. J. E. Scruton, M.D.

Union, N. H.

Ed. Med. and Surg. Reporter:—

In the Reporter of March 15th I see a communication from Dr. Fowler, of Elmo, Texas, in which he invites his medical brethren to comment upon a prescription he made for one of his patients, which a druggist of his town refused to fill, saying it would be poisonous in its effects. I shall not pretend to say whether the prescription would have killed his patient or not, as I do not know what effect such a mixture would have upon the human system. I don't know what kind of condition a patient could be in to require large doses of veratrum, and at the same time be benefited by enormous doses of carbonate ammonia. If I understand the action of the two remedies, they exactly *antagonize* each other in their effects. Besides this, I cannot tell whether this prescription, after being compounded, would be liquid, semi-liquid or solid. I am of the opinion, however, that it would require but little pulverized acacia to make it into pills. The whole thing reminds me of a prescription I came across a few years ago in my own practice. I was called to see a railroad track repairer, who had been prostrated with sunstroke. When I arrived, I inquired what had been done for the man. The foreman replied by saying he had applied ice water to his head, and given him a dose composed of the following ingredients:—

℞.	Castor oil,	℥j
	Pulv. ipecac,	gr.xxx
	" capsicum,	gr.xv
	Spts. nitre dulc.,	℥ij
	Quinine,	gr.xv.

The whole to be mixed in half a glass of good whisky, and taken at one dose.

I asked the captain to give me his reason for giving such a dose. He said he did not know exactly what the man needed, and he concluded to fix him up a regular *shot-gun* dose. If he needed purging the oil would purge him; if he needed vomiting, the ipecac would vomit him; if he was too hot, the ice water and spirits of nitre would cool, and if too cool, the capsicum would warm him; and as quinine and whisky were good for everything, he concluded to try a little of each of them. The captain's patient vomited and got better.

Now, I think the druggist was wrong, and if Dr. F.'s patient had taken one dose of the medicine he would have vomited, and, perhaps, recovered from its effects.

Paris, Tenn. F. F. Porter, M.D.

[Stillé and Maisch, in the new *National Dispensatory*, say that no fatal case of poisoning in adults, from veratrum viride, has been reported.—Ed. Reporter.]

Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

There has doubtless been correspondence enough on this subject in the Medical and Surgical Reporter, but having witnessed a case recently, of interest, I shall relate it. On Feb. 9th, 1879, I was sent for to see Mrs. J. F. C., aged 42, who lives six miles in the country. I answered the call, accompanied by J. H. Hudgin, M.D., of this city. We arrived at 10 o'clock, A.M., and learned the following history of the case: She had been expecting her confinement every hour for several days, but had been able to attend to her usual household duties.

She had not felt as well as usual on the 8th, and that night complained of a severe frontal headache, that gradually increased, and on the morning of the 9th, while seated at the breakfast table, without any other premonitory symptoms, fell to the floor in a violent convulsion. She is a large, well developed, plethoric woman; she lay in a semi-comatose condition; pulse 60 per minute, full and not easily compressed; pupils dilated; face flushed; bladder full; bowels had moved early in the morning. She had intense pain in the head; mind very much confused; answered questions slowly and in monosyllables; hands and feet very cold; the os dilated. We gave at once one drachm bromide potassium, and applied sinapisms to the feet. At 11 o'clock, A.M., symptoms of an approaching convulsion having occurred, we opened the median basilic vein of the right arm and allowed 30 ounces of blood to escape. It was very dark colored, and coagulated rapidly. At the close of the venesection, she exclaimed: "Oh! my head is relieved." Her hands and feet were almost instantly restored to their normal temperature, and felt comfortable to the patient. Dr. Hudgin remained with her. Labor came on naturally and without any further symptoms of convulsions. At 3 o'clock, P.M., she was delivered of her *seventeenth* child, a live, well formed female. The uterus contracted readily, the placenta was removed in fifteen minutes after the child was delivered. At 4 o'clock a severe post-partum hemorrhage set in, preceded by nausea and a faint feeling. This was controlled by the external application of cold and the introduction of the hand into the uterus. The doctor also gave fluid extract ergot (Squibb's) in fluidrachm doses. The uterus readily contracted; the cold applications were continued for one hour, and then removed, when the uterus again relaxed, and a more alarming hemorrhage supervened. It was again controlled by the methods previously employed. I was sent for, and saw her at 7 o'clock, P.M. She was very much prostrated. We wrapped her in a large, warm, dry blanket, having removed her

wet clothing. Her pulse was then 80 per minute, and very easily compressed, her mind clear, and uterus firmly contracted. She complained of nausea during the night. That was promptly relieved by a large sinapism applied to the epigastrium. She has made a good recovery and is now well. She had never had any difficulty in any previous labor.

In April, 1878, a case of puerperal convulsions occurred in a primipara in this city, in the practice of my brother, Dr. S. M. Barnes. I was called, and we pursued the same plan, but did not carry the venesection to the amount of 30 ounces at one time, and had the satisfaction of seeing our patient, a bright little blonde, make a good recovery.

There have been five cases of puerperal convulsions in this city and vicinity within a period of eight years. They are all alive to-day, *and were all bled.* I am firmly convinced that the "lost art" is our sheet anchor in this terrible disease. I believe that many good physicians lack moral courage to face public opinion in the treatment of this disease, and for this reason fail to do their duty, and see their patients consigned to an untimely grave. I am aware that it requires independent action, and in many localities a courage amounting to heroism, to face this false public sentiment, that regards the physician who employs venesection in the treatment of any disease as a venerable medical Rip Van Winkle, hoary with antiquity; a veritable fossil of the "Old Red Sand" stone period.

HENRY E. W. BARNES, M.D.

Fairburg, Ill.

News and Miscellany.

The Wisconsin Medical Act.

We have received a copy of this act, as read the third time in the Senate:—

SECTION 1. A person practicing in the State must have a diploma, or pass an examination before the State Board of Examiners.

SEC. 2. The Governor shall appoint a board of examiners, of six physicians (four regular and two homœopathic), and those six shall choose a seventh.

SEC. 3. Defines the organization of the board.

SEC. 4. The board shall examine diplomas and candidates. Holders of genuine diplomas shall pay $2.00; of spurious diplomas, $20.00.

SEC. 5. Persons not holding diplomas may be entitled to practice after examination.

SEC. 6. Every such license shall be recorded within thirty days.

SEC. 7. The Register of Deeds shall keep the records.

SEC. 8. Fee for candidates for examination to be $5.00.

SEC. 9. Payment of Examining Board.

SEC. 10. Examinations defined.

SEC. 11. Dishonorable conduct may forfeit certificates.

SEC. 12. Defines a practitioner of medicine.

SEC. 13. If any physician practicing medicine in this State shall write, or cause to have printed upon any prescription, the words, "No Duplicate," any druggist, apothecary, or vender of medicines who shall duplicate a prescription so written or printed upon, without the consent of the physician writing the prescription, shall, on conviction thereof, be subject to a fine of ten dollars ($10) for each and every offence, together with the costs of suit.

SEC. 14. Itinerant venders of drugs to pay $100 per month.

SEC. 15. Penalties for disregarding this act.

The remaining sections are formal; the act to take effect after August 15th next.

Continued Precautions Against the Plague.

The last Bulletin of the Public Health from the office of the Surgeon General U. S. Marine Hospital Service, says:—

The imperial order directing the burning of the infected houses at Wetlyanka has been executed in part, and extraordinary powers have been conferred on the Governor of the district, under which vigorous efforts are being made to improve its sanitary condition. The towns adjoining the infected district, as well as the cities of St. Petersburg and Moscow, are taking measures against the possible extension of the disease on the approach of warm weather, by cleansing and disinfection of unsanitary quarters, issuing cooked food to the poor, erection of temporary buildings for the reception of refugees from the infected districts, and furnaces for burning infected clothing.

Pharmaceutical Novelties—Dextro-Quinine.

This preparation has been offered as a combination of the cheaper cinchona alkaloids, of easy assimilation and effective antiperiodic powers. Dr. John A. Heming, of Indiana, writes us that he has found it acceptable to the palate, and of beneficial effect, quite as much so, he thinks, as the quinine sulphate.

From a record of fifteen cases, Dr. C. O. Dunlap writes to the Ohio *Medical Recorder*, in quite laudatory terms of it. In old and cachectic cases of malarial poisoning he thinks it superior to the ordinary sulphate. He did not observe any ringing in the ears, nor nausea, after its use. It is tolerated by weak stomachs, and as it is given in the same doses as the sulphate, and is considerably cheaper, there seems a number of reasons for it to claim attention.

Corrigenda.

On page 266, column 2, eighth line from bottom, for "physical" read "psychical." On page 275, column 2, tenth line from top, for "three drachms" read one drachm."

The prescription on page 290 should be, for chloral hydrat., gr.xl, instead of gr.x, and should read as follows:—

℞. Chloral. hydrat., gr.xl
Potass. bromid., ℥ ij
Liq. morphiæ sulphat., f.℥ j. M.

Dose, a teaspoonful in sweetened water.

American Medical Association.

Physicians desiring to be present at the meeting of the American Medical Association can obtain the reduced special rates of railroad and steamboat fare, from various points, by addressing the permanent secretary, Dr. Wm. B. Atkinson, 1400, Pine street, Philadelphia.

The Largest Infant on Record.

Mrs. Capt. N. V. Bates, known as Annie Swan, the Nova Scotia giantess, was lately delivered of a child which weighed 23¾ lbs.; height 30 inches; breast measure, 24 inches; head, 19 inches. The child and mother are both doing well. Mrs. Bates' height is 7 feet, 9 inches; while the little captain measures only 7 feet, 7 inches in stature.

OBITUARY NOTICES.

George B. Wood, M. D.

On the 30th ult., George B. Wood, M.D., of Philadelphia, in the 83d year of his age.

Dr. Wood was born at Greenwich, N. J., March 13th, 1797; graduated from the University of Pennsylvania as long ago as 1818. His extended career has been full of work, diligently pursued and successfully achieved. He was for many years Professor of Materia Medica in the Medical Department of the University of Pennsylvania, and from 1850 to 1860 was Professor of the Theory and Practice of Medicine in the same institution. At the time of his death he was president of the American Philosophical Society. He is the author of many important medical works, those by which he is best known being the "Dispensatory of the United States," written in collaboration with Franklin Bache, and first published in 1833, and his "Practice of Medicine," which long enjoyed great popularity. He also wrote much on historical subjects beyond the limits of the profession.

Horace Binney Hare, M. D.

This accomplished physician died March 14th, at St. Thomas, West Indies, of consumption. He was but thirty-five years old; was the son of Judge J. I. Clarke Hare, and a grandson of the eminent chemist, Robert Hare, and also of Horace Binney, after whom he was named. During the winter Dr. Hare had been traveling in the yacht Resolute, with several friends, in search of health in the warm climate of the West Indies. But he failed to find it, and at last died far away from his native land. Deceased was born in this city, graduated at Yale College, and then studied medicine at the University of Pennsylvania, from which institution he also graduated with high honors.

Dr. J. W. McGuire

Died on the 3d of March, 1879. He was born in Jefferson county, Georgia, March 3d, 1834. He graduated in the University of the city of New York on March 4th, 1854. He received, in addition to his diploma, a special certificate for extraordinary merit in the department of surgery and pathological anatomy, from the justly celebrated Prof. Valentine Mott, March 3d, 1854. He leaves an aged father and many warm friends to mourn their loss.

QUERIES AND REPLIES.

Dr. J. M. C., of Fla.—The doses of calcium sulphite recommended by Ringer are small, from one-tenth to one grain. Others give much larger doses. The compound is very insoluble, and probably not poisonous.

Dr. G. C. S., of Tenn.—General bleeding, so far as we remember, has not been attempted by the aspirator; we have consulted several of the latest surgeries, and do not find it mentioned. The objection would be the greater delicacy of the operation and the slow flow of the blood.

Dr. A. S. McK., of Ala.—The formula for Vleminckx's solution is—

R.	Calcis,	℥ss
	Sulphuris sublimati,	℥j
	Aquæ,	℥x.

Boil to ℥vj, and filter.

Dr. C. H. M., of Pa.—We have not at hand the analyses of the secret nostrums you mention. There are so many of these on the market that it is difficult for the chemists to keep up with the quacks.

Elwood.—Milk sickness has been attributed very confidently to various plants, especially the *Rhus toxicodendron* and the *Eupatorium ageratoides*. Unfortunately for the theory, it never occurs in many districts where these plants abound. We don't know what causes it.

Dr. M. H. R., of Ind., sends a published statement, by homœopathic physicians, that last summer, in Vicksburg, of over twelve hundred cases of yellow fever treated homœopathically, only seven per cent. died; that a shoemaker, instructed by homœopathic physicians, treated one hundred and six cases, with only five deaths; and more to the same effect. Our comment on these marvelous stories is simply *Credat Judæus Apella, non ego.*

MARRIAGES.

SHARP—WILKINSON.—On the 19th ult., by Rev. Thomas W. Wilkinson, Edgar B. Sharp, M.D., and Mary J. D. Wilkinson, daughter of the officiating clergyman, all of Berlin, N. J.

SHOEMAKER—LONGNAKER.—On Sunday, March 23d, at the residence of the bride's parents, by the Rev. J. B. Fox, Dr. George G. Shoemaker, of Church, Pa., and Miss Dillie Longnaker, of Salem, Clarion Co., Pa.

WIGGINS—SHANNON.—At the residence of the bride's mother, by Rev. John Gourly, S. L. Wiggins, M.D., and Miss Mamie W. Shannon, both of Black Lick, Pa.

WILSON—JONES.—On the 19th ult., at the residence of the bride, by the Rev. M. Sheeleigh, F. S. Wilson, M.D., and Hannah E. Jones, all of Montgomery county, Pa.

DEATHS.

BROCK.—On the 26th ult., Stella R., daughter of Dr. Harry D. and Kate E. Brock, aged 5 months and 16 days.

CHURCHILL.—At Fort Sill, Indian Territory, March 7th, 1879, of Bright's disease of the kidneys, Dr. Selden A. Churchill, formerly of Davenport, Iowa, in his 28th year.

PERRINE.—At Mt. Healthy, O., Feb. 17th, 1879, Dr. William K. Perrine, aged 39 years.

TUCKER—KIMBALL.—In Groton Vt., Feb. 20th, by Rev. Charles A. Downs, Edward M. Tucker, M.D., of Cannan, and Mary A. Kimball, daughter of Peter Kimball, Esq.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1154.] PHILADELPHIA, APRIL 12, 1879. [Vol. XL.—No. 15.

Original Department.

Lectures on Experimental Physiology.

Delivered in the Physiological Laboratory of the University of Pennsylvania,

BY ROBERT MEADE SMITH, M.D.,

Demonstrater of Experimental Physiology.

Reported for the Medical and Surgical Reporter.

Lecture III.—Physiology of the Salivary Secretions.

(*Continued from page* 115.)

We come now, gentlemen, to the most important, as well as the most interesting, points in this branch of our subject; I mean the influence of the nervous system on the secretion of saliva. The numerous investigations which have been made on this subject, of which I hope to show you some of the more striking experiments, have yielded results of far more importance than that which they possess as bearing on the secretion of saliva alone. It is from the results of these experiments that has been deduced all our knowledge of glandular secretion, and its dependence upon the nervous system.

Before, however, you will be in a position to appreciate the results of the experiments I propose to make before you, it will be necessary that you should have an accurate knowledge of the anatomical relations of these glands, and particularly of their nervous supply. I will, therefore, give you a short sketch of as much of their anatomy as bears upon our subject, with an account of the operative procedure necessary to expose the glands, their blood vessels and nervous supply.

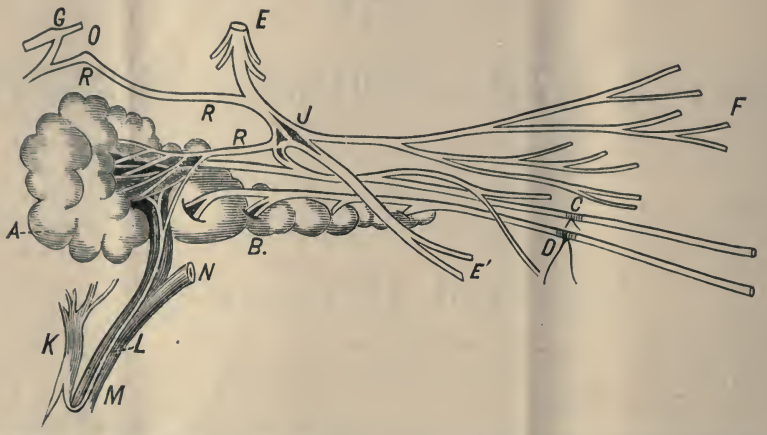
In the first place, you would be apt to infer, and in this case correctly, that the secretion of saliva was a reflex action, from the fact that it is independent of the will, and was modified by impressions made upon the peripheral termination of afferent nerves; in other words, that this secretion was markedly dependent upon the sense of taste. You also know, that for the performance of a reflex action there must be an afferent fibre, an independent nerve centre, and an efferent fibre. From the fact that the sub-maxillary gland is the most exposed, and, therefore, the most readily operated on, we will confine our studies of the influence of the nerves upon the secretion of saliva to this gland.

The afferent nerve fibres of this reflex circle, in the case of the sub-maxillary gland, are the lingual branch of the fifth pair and branches of the glosso-pharyngeal—the nerves of taste. The centre is the medulla oblongata, and the efferent fibre is the chorda tympani branch of the seventh, the facial nerve. The relations of these nerves are shown in the diagram on the board. (Fig. 1.)

The further anatomical details will appear as we give the account of the operative procedure. In the case of the parotid gland, the afferent nerves are the lingual and glosso-pharyngeal, the centre the medulla, and the efferent nerve the facial and the lesser superficial petrosal nerve to the otic ganglion, and from thence to the gland through the motor fibres of the auriculo-temporal. In some instances it appears that the otic ganglion may act as a centre of reflex secretory action, its afferent fibre being the glosso-pharyngeal communicating with the lesser superficial petrosal by the nerve of Jacobson, from the petrous ganglion, and the efferent nerve the auriculo-temporal. I will not stop to give you the grounds on which these facts rest, but as the mechanism of secretion

can be better studied on the sub-maxillary gland, pass at once to the operation necessary to expose it, referring those of you who wish to study the parotid to the many memoirs of which it is the subject.

Fig. 1.



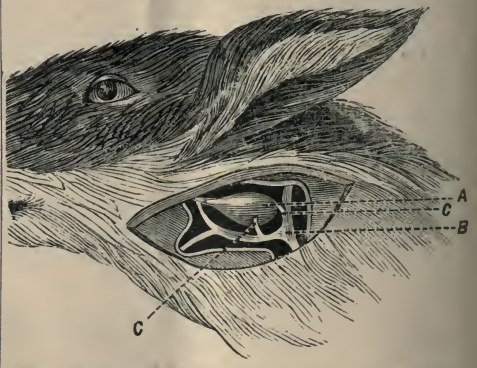
NERVES OF THE SUB-MAXILLARY AND SUB-LINGUAL GLANDS OF THE DOG (*after Bernard*).

A. Sub-Maxillary Salivary Gland. *B.* Sub-Lingual Gland. *C.* Wharton's Duct, with a Canula Inserted. *D.* Sub-Lingual Duct. *E. E'.* Lingual Branch of Fifth Pair. *F.* Branches of Lingual distributed to Buccal Mucous Membrane. *G.* Facial Nerve. *O.* Vidian Nerve. *R.* Chorda Tympani. *J.* Sub-Maxillary Ganglion. *K.* Superior Cervical Ganglion. *L.* Sympathetic Fibre to the Sub-Maxillary Gland. *M.* Carotid Artery. *N.* Internal Maxillary Artery.

The operation for exposing the sub-maxillary gland is quite a tedious one, and requires a great deal of care and delicacy in its performance; it would occupy too much time to carry on the operation before you, therefore I have already exposed the parts necessary for our study, and I will first demonstrate to you their surgical relations before passing on to the experiments. For this demonstration a large dog has been selected, chloroformed and fastened in Bernard's dog holder. After having shaved the hair from the lower surface of the jaws and the side of the neck, an incision was made along the inner border of the lower jaw, commencing about its anterior third and extending back to the transverse process of the atlas, dividing the skin and platysma muscle. After clearing away the connective tissue and fat, carefully avoiding all veins, the sub-maxillary gland comes into view, just below the angle of the jaw. It is then seen that the gland lies in an angle formed by the junction of these two veins which go to make up the external jugular, one branch coming from above downward, directly behind the gland, and usually receiving a small vein from the gland itself (as represented in Fig. 2), while the lower branch runs horizontally below the gland, and is formed by the junction of two other branches, one coming from above and the other from below; this horizontal branch, as in the present instance, very constantly receives a vein from the gland. This dissection requires care, to avoid wounding these large veins.

Both branches which go to form the horizontal branch are now to be tied, the one coming from above receiving a double ligature, one where it comes over the ramus of the jaw and the other where it joins its fellow, the intermediate portion being removed. Having now carefully removed

Fig. 2.



VEINS OF THE SUB-MAXILLARY GLAND OF THE DOG—(*after Bernard*).

A. Sub-maxillary gland. *B.* Jugular vein. *C.* Glandular vein.

the cellular tissue from the portion of the wound in front of the gland, the thick belly of the digastric muscle comes into view, its fibres running forward from its origin in the temporal bone, to

be inserted in the middle third of the ramus of the lower jaw, immediately in front of the insertion of the masseter, from which muscle it is separated by a slight groove. In front of the digastric the floor of the wound is formed of the transverse fibres of the mylo-hyoid muscle, crossed by the mylo-hyoid nerve, which comes out from under the jaw at the point of insertion of the digastric muscle.

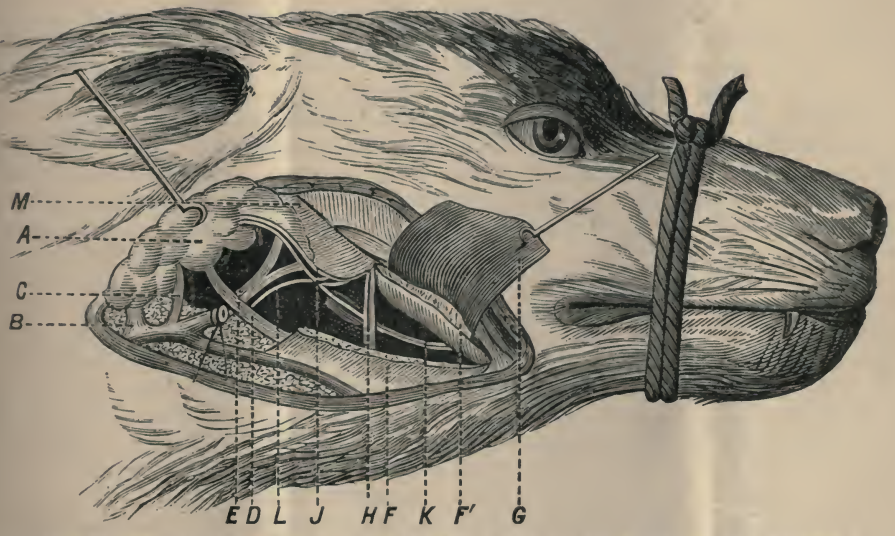
We come now to the most difficult steps in the operation. The connective tissue is gradually to be cleared away, with a blunt hook, from the surface of the digastric muscle, and from the groove between it and the masseter muscle, taking care to avoid, as we get to the deeper portion, the facial artery, which passes over the jaw to run between these muscles, and the artery to the gland which comes from the facial and goes in this groove back to the gland. In the same locality lie also the ducts of the gland and the chorda tympani nerve. The digastric muscle is now to be separated, with an aneurism needle, from the facial artery, avoiding all the adjacent structures, and its muscular arterial branch tied. The muscle is then divided at its anterior third, or where it is inserted into the jaw, and its posterior extremity seized with a pair of artery forceps, and gradually cleared back to its insertion into the temporal bone, and surrounded by a ligature. Now, when it is assured that there is nothing but muscular structure in the grasp of the ligature, it is pushed back to the temporal bone and tightened, and the digastric muscle divided in front of the ligature and removed. On carefully tearing away the connective tissue at the base of the wound, and drawing back the sub-maxillary gland, there is exposed a triangular cavity (represented in Fig. 3).

This space is limited above and behind by the deep surface of the sub-maxillary gland, into the hilum of which enter the artery, chorda tympani and sympathetic nerve fibres with the glandular duct. Its lower margin is formed by the genio-hyoid muscle, and the upper border by the ramus of the jaw and the masseter muscle; the anterior portion of its floor is formed by the transverse fibres of the mylo-hyoid muscle, on which ramify the branches of the mylo-hyoid nerve.

At the posterior portion of this space the external carotid artery enters and runs along the base of this triangle, giving off first the lingual and then the facial arteries, from off the latter of which comes the artery of the gland.

Almost immediately after entering this space the carotid is crossed by the large hypoglossal nerve, running forward to be distributed to the muscles of the tongue, etc. Now, if this nerve is divided at the point where it crosses the carotid, and the central end removed, the pneu-

FIG. 3.



PARTS EXPOSED IN THE OPERATION ON THE SUB-MAXILLARY GLAND OF THE DOG (*after Bernard*).

A. Sub-maxillary Gland, turned back, so as to show the nerve, artery and duct entering the hilum. *B*. Jugular Vein. *C*. Glandular Vein. *D*. Hypoglossal Nerve. *E*. Carotid Artery, giving off the internal maxillary. *F*. *F'*. The divided Mylo-hyoid Muscle. *G*. The Anterior Half of the divided Digastric Muscle; the posterior half has been removed. *H*. The Lingual Nerve, giving off *J*. The Chorda Tympani. *K*. Sub-Maxillary and Sub-Lingual ducts. *L*. Sympathetic Fibre to Sub-Maxillary Ganglion. *M*. Masseter Muscle.

mogastric trunk comes into view, lying behind the artery. On pulling to one side the vagus trunk, below and behind it can be seen the white trunk of the sympathetic nerve, which here separates itself from the vagus to form the superior cervical ganglion, from which two small filaments pass out to accompany the carotid and the artery of the gland to enter the hilum. Some of the sympathetic fibres also pass into the gland, along the arterial branch which comes from the temporal artery and enters the superior part of the gland.

Then, to expose the chorda tympani and the salivary ducts, the fibres of the mylo-hyoid muscle are to be divided transversely at about their middle, avoiding the nerve and tying all veins, and the upper half of the muscle reflected. The lingual nerve then comes into view, passing from under the ramus of the jaw, and running downward and forward about parallel in direction with the hypoglossal. On drawing the parts toward the middle line, the two salivary ducts are seen passing along close together, immediately under the ramus of the jaw, the submaxillary duct lying nearest the bone and being a little the largest.

On tracing back the lingual nerve to where it passes from under the jaw, it will be seen that a delicate nervous filament here leaves the lingual and curves backward, along with the ducts, to enter the hilum of the gland; this is the chorda tympani. Immediately after the chorda leaves the lingual there is sometimes seen a small ganglionic enlargement, known as the sub-maxillary ganglion, and as the chorda enters the hilum it forms a slight ganglionic plexus with the fibre of the sympathetic.

Each of these nerves which it is desired to study should be carefully isolated, and surrounded with a thread, and a canula should be inserted into the sub-maxillary duct. To facilitate this last step the duct should be freed slightly from the connective tissue and closed with a clip or a ligature, as near the mouth as possible. Then the chorda should be stimulated, so as to distend the duct with saliva, and a small slip of wood or card passed under it, to act as a support. Now, if one edge of the duct, over the support, is seized by an assistant with a pair of fine forceps, while the operator seizes the opposite edge, and the duct is snipped between the two with a pair of sharp-pointed scissors, the canula can be readily inserted.

Being now familiar with the anatomical arrangement of these parts, and the operation necessary to expose them, we will examine the mechanism of these nerves in the secretion of the sub-maxillary saliva.

I will withdraw the stilette from the canula which I inserted into the submaxillary duct, and there appears at the orifice of the tube a drop of clear saliva; I will wipe it away; no more appears. The secretion was momentarily excited by the irritation in the removal of the stilette. We will study, first, the reflex excitation of this secretion, and then study the course of the stimulus. To render this possible, we must allow the animal to come up from the anæsthetic for a few moments. I will now place a few drops of acetic acid on the animal's tongue, with a glass rod, and almost instantly the animal makes movements of mastication and of deglutition, and a drop of saliva appears at the orifice of the tube, falls off, and is rapidly followed by another. Notice the character of the secretion, which is now flowing quite abundantly; it is clear, alkaline, and somewhat tenacious.

I will now divide the trunk of the lingual nerve, near to its entrance to the mouth, and the application of acetic acid to the tip of the tongue causes no secretion. I put a drop on the base of the tongue and there appears a single drop at the orifice of the tube. This is explained by the fact that we have, by section of the lingual nerve, destroyed the appreciation of taste on one side of the tip of the tongue, while taste is still preserved, though in a lessened degree, at the base, through the continuity of the fibres of the glosso-pharyngeal. I will now irritate the peripheral end of the divided lingual with a weak induction current, and there is no effect other than the evidences of suffering in the animal. I will now irritate the central end, and though pain is still excited, there is quite a marked flow of saliva from the sub-maxillary duct.

Evidently, then, the normal stimulus for the secretion of the sub-maxillary gland in the dog lies in the excitation of the sense of taste, and the path of this sense lies in the lingual nerve. We will now chloroform the animal again.

You remember that I told you that this secretion was reflex, and for that process we require an afferent nerve, a nerve centre and an efferent nerve. We have already demonstrated the afferent nerve. The nerve centre lies in the medulla, and there probably exclusively, though Bernard thought that he had showed that under certain circumstances the sub-maxillary ganglion might act as a reflex centre for this process. I told you that the efferent or motor nerve for this gland was the chorda tympani. Let me demonstrate it to you.

The chorda tympani is a very delicate nervous filament, which leaves the trunk of the facial nerve in the Fallopian canal, about four or five millimeters before it passes out at the stylo-mastoid foramen, and then arching upward and forward, enters the middle ear, which it traverses from behind forward, lying in the thickness of the membrana tympani. Here, for a space of from six to eight millimeters, the nerve is comparatively isolated, lying between the handle of the malleus and the vertical process of the incus. It then passes toward the Glasserian fissure, and leaves the skull, in the neighborhood of the spine of the sphenoid, to join the lingual. The simplest method of dividing this nerve is to operate on it where it crosses the tympanum; to accomplish this I will introduce this small, sickle-shaped knife into the external auditory canal, the animal being profoundly chloroformed, keeping the cutting edge directed upward, and passing the back of the blade downward and forward along the inferior wall of the meatus, until the tympanum is reached. Pushing the blade through the tympanum, causing a sound like tearing paper, the knife is now in the middle ear. Upon depressing the handle of the knife, and consequently elevating the blade until it comes in contact with the roof of the tympanum, and withdrawing the knife in this position, the nerve is divided. Suspending the chloroform, and allowing the animal to regain consciousness, let us now see what is the effect of irritating the central end of the lingual. There is no secretion of saliva. In this experiment the lingual must be irritated with a weak current, and as near the mouth as possible, to avoid the spreading of the current to the chorda itself.

This experiment alone would render it probable that the chorda was the path through which the reflex stimulus reached the gland. I can, however, make it positive for you. I will divide the lingual trunk above where it gives off the chorda, simply for convenience in reaching this filament, and then place the chorda itself on the electrodes and pass through them a weak induction current. After a few seconds the saliva begins to flow from the tube, and it is now running in quite a stream. We have then shown that the secretion of sub-maxillary saliva is under a reflex nervous influence, and that the sense of taste is the normal stimulus, reaching the brain through the fibres of the lingual and glosso-pharyngeal nerves, and reaching the gland from thence through the fibres of the chorda tympani. We have now to study the mechanism by which saliva is separated by the gland from the blood, and the influence of the various nerves on this process.

I will again stimulate the peripheral end of the divided chorda tympani, and observe closely the results. Notice, first, the appearance of the gland itself; it is pale; there are few arborescent vessels to be seen upon its surface, and the blood which is leaving the gland is dark, and the vein small. I will irritate the nerve with the secondary coil twenty centimeters distant from the primary. In a few moments the saliva flows abundantly; we will collect it by attaching a rubber tube to the canula and receiving the secretion in this glass. Now that the gland is secreting actively, look at the change in its appearance. Its surface is rosy pink; numerous branching vessels are seen, and the blood that flows from the gland is almost arterial in hue, is in much larger quantity, and the veins are seen to pulsate synchronously with the heart. If the gland has been long exposed its surface will be dry, and these results less marked. Evidently, stimulation of the chorda has increased the blood supply of this gland, either through an active dilatation of the vessels, or more probably through an inhibition of a local vaso-motor centre. You will see an analogous result when we come to experiment upon the depressor nerve, a vascular nerve which acts through the paralysis of the vaso-motor centre.

We have, then, two results following stimulation of the chorda tympani; an abundant secretion of saliva and a marked hyperæmia of the gland. Before, however, we discuss the relations between these results, whether the one is the necessary effect of the other, let me show you the influence of the sympathetic on the secretion.

You know that a constant result following the stimulation of a fibre of the sympathetic system is the contraction of the arterioles and a consequent diminution of the supply of blood to the part supplied by the nerve. I will raise up this filament which leaves the superior cervical ganglion and passes to the gland along the carotid, and irritate it with a weak induction current. There is a momentary flow of a few drops of saliva, soon, however, followed by a complete cessation of secretion. Notice, however, the striking difference between the secretion now at the mouth of the tube and that which follows stimulation of the chorda. This saliva is remarkably viscid; it can be drawn out in a long thread, from the orifice of the tube. It is of higher specific gravity, and richer in organic elements than that which followed stimulation of the chorda; in

other words, the chorda saliva contained a maximum quantity of water and a minimum of organic elements, while in sympathetic saliva the proportions are reversed. Look now at the effects of stimulation of the sympathetic on the vascularity of the gland. I will again irritate the sympathetic filament; in about a minute the arborescent vessels disappear from the surface of the gland, its tissue is much paler, and the vein of the gland is contracted, and bears a small quantity of black blood. In both respects, then, the functions of the sympathetic and chorda are antagonistic.

Let me show you this a little more clearly. I will first find the minimum stimulus for the chorda tympani, and then the weakest current which will excite the functional activity of the sympathetic. You remember that the secretion does not immediately follow the stimulation of the chorda, but after an appreciable interval. Now, if I alternately stimulate these two nerves at short intervals, with a current which, applied alone to either nerve, would produce its characteristic effect, there is no result. This change in the direction of the currents is accomplished by Pohl's commutator (Fig. 4.).

FIG. 4.

POHL'S COMMUTATOR.

It consists of a disk of wood, with six cups on its upper surface containing mercury, and each electrically continuous with a binding screw. The screws 1 and 2 are connected with the battery, and their cups are connected by a handle, the ends of which are copper wire, while the centre is of insulating material. Each of the copper wires is crossed, before it enters the handle, by a wire arch, one end of each dipping into the cups 3 and 4, when in the position shown in the figure. The current from the battery poles 1 and 2, therefore, passes out 3 and 4, to a pair of electrodes. When it is desired to throw the current into the electrodes 5 and 6, the wire handle is moved to the left, so the left ends of the wire arches dip into cups 5 and 6. In this use of the instrument, as a double key, the cross wires *a* and *b* are removed; they are used when it is desired to change the direction of a constant current. For example, they being in place, and the handle in the position represented in the figure, if 2 is the positive pole and 1 the negative, the electrode 4 will be positive and 1 negative. If, however, the handle is moved to the left, as before, the positive current will pass from 2, along the arch, to 6, and along the cross wire to 3, making that the positive pole, while the negative pole will be similarly transposed to 4.

Evidently there is a complete opposition of vasomotor function in these two nerves; but is the secretion of saliva simply dependent upon the vascular condition of the gland? Does the gland act as a sponge, filtering out the saliva from the material in the blood, the quantity being solely dependent upon the quantity of blood in the organ? There is no doubt that an increased supply of arterial blood to any organ, more especially a gland, is followed by an increased functional activity of that organ; "but it does not necessarily follow that this activity should take the form of a secretion."

As Foster has put it, "It is quite possible to conceive that the increased blood supply should lead only to the accumulation in the cells of the constituents of the saliva, or the materials for

FIG. 5.

DIFFERENTIAL MANOMETER.

Diagrammatic Section. By turning the cock *d* 90°, *b* and *c* communicate, while *a* is isolated.

their construction, and not to a discharge of the secretion. A man works better for being fed, but feeding does not make him work, in the absence of any stimulus." In fact, Ludwig has shown that when an animal is decapitated, and the motor nerve of the gland stimulated, there will be a flow of saliva, even in the absence of the circulation.

Then, again, I can show you that the secretion of saliva occurs under a greater pressure even than that exerted by the blood. I have inserted into this dog's carotid artery a canula, and will connect it with a manometer. I will not stop to

give you the steps of this operation, as we will study it at length when we come to the physiology of the circulation. I want, however, to call your attention to this manometer, which is different from the forms usually employed.

As seen in the diagram (Fig. 5), it consists of three straight tubes, of small bore, fitted into a steel base, so bored as to give a horizontal tube, closed at both ends, and tapped in three points, so as to be continuous with the calibre of the three upright tubes. At the point where the middle upright tube connects with the transverse tube a cock is fitted, so designed that when in the position represented the tubes *a* and *b* are connected, thus forming a U-shaped tube, while *c* is entirely isolated. Now, when the cock is turned a quarter of a circle, *b* and *c* form a U-tube, while *a* is isolated. *b* is furnished with a graded scale. Each of the side tubes is connected with a pressure bottle. I have now connected the carotid artery with the tube *a*, and the cock is so turned that the tubes *a* and *b* are continuous, and the mercury with which they are all filled at equilibrium. I now take the clip off the artery, and immediately the mercury is depressed in *a*, and rises in *b* to a height of 70 millimeters, giving a blood pressure, therefore, of 140 millimeters. After having found that that is the maximum pressure, I again put the clip on the artery, and the mercury falls to 0. Then, turning the cock so as to make *b* continuous with *c*, which latter is connected by a fine rubber tube, filled with water, with the salivary duct, I irritate the chorda tympani, and the saliva is rapidly poured out, raising the mercury on the scale to 80 millimeters, ten millimeters above the point of maximum arterial pressure. It would probably rise still higher if I continued to stimulate the chorda, but as I have shown you all I desired, I will stop this experiment, as I do not want to exhaust the nerve and gland.

We see, then, that the pressure exerted by the saliva is greater than that of the blood, a fact which could not be explained without the intervention of some process other than a mere filtration.

There is, however, still another experiment which will strengthen this conclusion. I will inject into the jugular vein of the dog, toward the heart, 0.015 grams of atropia, in aqueous solution, and in a few minutes again irritate the chorda tympani. There is no flow of saliva, but on observing the gland all the vaso-motor phenomena which were present under the same circumstances before the atropine was injected can still be seen; the gland is markedly hyperæmic. By injecting a solution of pilocarpin, however, a drug which has been found to cause salivation through irritation of the secretory fibres of the chorda tympani, the paralyzing effect of the atropin can be antagonized, and the gland again made to secrete. The dose of pilocarpin which, when introduced into the general circulation, would be able to remove the effects of atropin, would probably be fatal to the animal. If, however, the drug is allowed only to enter the circulation of the gland, a much smaller quantity will be efficient, without danger to the animal. You remember I showed you that poisons injected into the duct of one salivary gland were rapidly absorbed and eliminated by the opposite gland. We can make use of that observation now. I will inject very gently into this sub-maxillary duct 0.017 gram of pilocarpin, and after waiting about half a minute, irritate the chorda tympani; there is now a slight secretion, soon, however, passing off, as the stronger effect of the atropin makes itself felt again. It can, however, be again suspended by a second dose of pilocarpin. Instead of injecting the poison into the duct, it might have been injected into the glandular artery, a tedious proceeding, however, and one which is not much more reliable than the easy method I have employed. In injecting the duct no force must be used, and only a small amount of fluid introduced.

Evidently, then, the chorda must contain two sets of fibres; the one vaso-dilator, not paralyzed by atropin; and "secretory" fibres, paralyzed by that poison. It is only by the existence of a class of nerves which act through calling into activity the protoplasmic energy of the secreting epithelial cells, that these facts can be explained. When the chorda is irritated, two sets of impulses travel along the nerve; one impulse acting on the blood supply of the gland, while the other acts on the secretory elements of the epithelial cell in a manner analogous to that which occurs when a motor nerve going to a muscle is irritated. The muscle contracts through the impression on the contractile elements of the muscle cell, and the blood vessels dilate through vaso-motor influence. Indeed, we can carry the parallelism still further, for we know that curare, by destroying the irritability of the motor nerves, will prevent contraction of the muscles when those nerves are stimulated, in the same manner that atropia will prevent the secretion of the gland when its secretory nerve is stimulated; in both instances the vaso-motor phenomena remain.

Communications.

AN EPIDEMIC OF OBSCURE PULMONARY DISEASE.

BY THOMAS M. MATTHEWS, M.D.,
Of Edom, Texas.

The last week of December, 1878, and the first two of January, 1879, were the coldest, and perhaps in every way the most severe ever known in this region. For that space of time the whole face of the earth was covered with snow and ice. After this we had more rain than is usual. Following this very cold weather there broke out a severe and, save in the hands of the *few* educated and reading physicians in the country, very fatal epidemic of cold, influenza, pneumonia, or something. It is the intention of this article to describe, as far as the writer is able, the disease as it presented itself to him, and to elicit opinions from others thereon. The patient, usually one who had suffered from, and was more or less debilitated by, repeated attacks of chills and fever during the summer and fall, would seem to be taking cold; complain of a feeling of weariness or lassitude; aching of the limbs and back, as is usual in the bilious attack incident to this climate. There was usually, but not always, more or less pain in the head, referred for the most part to the frontal sinuses, or through from one temple to the other. These feelings, in many cases, were attended with rigors and flashes of heat; almost always ending in a chill, followed by fever, but rarely attended by very much heat of skin, the temperature rarely exceeding 104° Fahr., the pulse ranging from 110 to 125, with a prostration or debility far greater than would seem to be warranted by either the short time the patient had been sick or the apparent mildness of the symptoms. These cases were in every instance attended by cough, generally loose. Now the patient begins to complain of pain, usually on the right, but often on both sides, just at the lower border of the ribs, seemingly on one side, where the liver, and on the other, the spleen, meet, if such an expression be allowable, the lung. The respiration, so far as I observed, in a number of cases, was never very hurried; nothing like what we usually see in pneumonia. The face, in most cases, had a dark red, sometimes almost livid spot on one or both cheeks. Auscultation showed a moist ronchus all over the chest, usually. I never heard the fine crepitus of pneumonia, though I often examined carefully for it. On percussion, the chest was invariably resonant, and sometimes, in the later stages, dull immediately over the seat of pain. There was always more or less delirium, from which it was, however, never difficult to rouse the patient, who, when undisturbed, would sleep all the time, whether under the influence of an opiate or not. The expectoration, never profuse, or even free, though the cough appeared "loose," was, in every case I saw, at first streaked with blood, as in the early stages of pneumonia; this existed only for a very short time, such sputa appearing only two or three times. It invariably passed from this to a white, glairy, tough mucus, mixed in the later stages with a substance like laudable pus. I never saw any rust-colored sputa, at any time, in any case. The breathing, as I said, was never much more hurried than in ordinary cases of fever, and the pain was little, if any, greater upon deep inspiration. The bowels were, as a rule, undisturbed, except that if an active cathartic were given, even though well guarded, they invariably became irritated, and henceforth, throughout, hard to control. I never saw the stomach disturbed by nausea, except that which could be attributed to medicine. The disease, when properly treated from its onset, was easily controlled; when allowed, so to speak, a good start, was not unmanageable in the hands of educated physicians, while, as already intimated, quacks, or, as the Reporter terms them, "cheap John doctors," under any circumstances, lost nearly all their cases. In the outset a mild purgative, followed by full doses of quinine, combined with camphor and opium, alternated with good whisky and ammonia, given pro re nata, aided by turpentine stupes, mustard poultices and mush poultices, to ease pain, with a full dose of Dover's powder, to ensure rest when needed at night, almost invariably gave relief. Blistering, so far as my observation went, never did the slightest good.

Now, what was it? It strongly resembled pneumonia, I admit, more strongly than any other one disease; yet, that it lacked some of the most distinctive features of that disease no one can deny. I hear that it has raged all over the southern country, and everywhere has been more fatal than even here. Was that due to the same cause, quackery? I know the South, and Texas, particularly, are full of the article. I call it "winter fever," the result of malaria, the pons assinorum of medical men, combined with cold and wet. Or perhaps 'tis what I used to hear of when a boy, as the "Tyler Gripe." Will some older man in the profession tell me, if so?

P.S.—Since writing the above, I see in the Reporter of March 8th, page 208, a synopsis of

a lecture at the Pennsylvania Hospital, by Prof. Da Costa, on the Prevailing Epidemic of Influenza. I suspect that this is the same disease perhaps, yet the difference is very marked in most, while it tallies in some of the leading features, as can readily be seen by comparison.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SURGICAL CLINIC OF DR. R. J. LEVIS. SERVICE OF 1879.

Reported by N. H. Chapman, M.D.

Fracture of the Lower Jaw—Its Liability to Occur at One Place—Treatment by Means of a Pasteboard Splint.

Gentlemen:—The patient before you, a man of about thirty years of age, is suffering from a fracture of the inferior maxillary bone. He has just been admitted, and I will therefore have the opportunity of showing you the characteristic features of the case without any difficulty.

Fractures of the lower jaw are of moderately frequent occurrence, though they are by no means as commonly seen as many of the other fractures in the body. When they do occur, however, it is usually from direct violence; as, for instance, from a blow inflicted directly upon the parts by the fist, by a club, or bludgeon, or by the kick of a horse; though they may also be the result of violence indirectly applied. When the angles of the jaw are pressed together by the wheel of a wagon passing over them, and the bone breaks at some other point from that to which the pressure is applied, the fracture may be said to be due to indirect violence. But occurrences of this kind must be set down as very uncommon.

The inferior maxilla may be broken anywhere throughout its entire extent. It may be broken at the symphysis, anywhere in the body, at the angle, ramus, or either of its processes; but from all the ordinary causes, fractures of this bone are exceedingly liable to be at one place, *i.e.*, in the vicinity of the mental foramen. Why this should be is a little hard to understand. The mental foramen is not very large, and whether the bone is weakened by this absence of osseous matter enough to account for its being the most common seat of fracture, is doubtful; it is much more likely due to the frequent loss of teeth, and consequently a lessened amount of alveolar processes in this situation. Whether this be a true explanation or not you may judge for yourselves, but the fact that the portion of bone in the vicinity of the mental foramen is the one point at which fractures from the ordinary causes usually occur, is certainly worthy of note. True, in case the fracture be caused by a wagon wheel, or the like, which produces compression of the jaw from side to side, the bone gives way in the middle line, and the fracture is at or near the symphysis, but this condition, as I have already said, is very rare.

In the man before you, all the ordinary symptoms of fracture of the lower jaw are present. There is pain on attempted motion of the fragments, which is severe and well marked. In this fracture severe pain is the rule, and it is worthy of note that this pain is more intense and more continuous than that which we ordinarily find in connection with the fractures about the body, for the reason that the inferior dental nerve is so very frequently injured or pressed upon. There is also some mobility, though this symptom is not so striking a feature here as it is in fractures of the long bones, for the reason that the bone is only broken upon one side, and the fragments (especially the anterior) are held quite firmly in position by antagonistic muscles. Crepitation is present, and in this case is best elicited by making pressure upon the posterior or smaller fragment. I also notice that the teeth upon the fractured side corresponding to the two bicuspids are lost. The line of fracture can be distinctly felt, and I locate it in the neighborhood of the mental foramen. It may not be through this foramen, but it is not far from it, to one side or the other. I find very little obliquity in the line of fracture, but there is some slight displacement, not a great deal, amounting to perhaps two or three lines in all. The posterior fragment is inclined slightly upward, while the tendency of the muscles attached to the anterior fragment is to draw it downward and a little backward. The muscles directly concerned in this action are the genio-hyoid and the mylo-hyoid, or those passing from the lower jaw to the hyoid bone.

The prognosis in this class of cases is very favorable. As a rule, union readily takes place. We ought to have pretty firm union here in about twenty days, and no doubt we will obtain it by that time.

In treating this fracture, the indications are to put the anterior fragment up in close apposition with the posterior, and retain it there, so that nature can have an opportunity to unite the two. To adjust the lower jaw in this manner, we make use of some sort of a splint. A very simple one, which answers the purpose admirably, is made by taking a rectangular piece of pasteboard, hollowing it out on one side, slitting it up at the ends, and doubling it over so as to make it fit the chin. It is then held in position by a few turns of the Barton bandage. Instead of using the pasteboard, this same form of splint may be made of several layers of adhesive plaster stuck together and cut in the same way. There are a variety of contrivances for the treatment of this fracture, all of which are more or less complicated, but this plan is very simple, and under ordinary circumstances proves to be all that is necessary. In cases, however, where there is much displacement, or the parts cannot be properly adjusted, the teeth can sometimes be wired together in such a manner as to keep the fragments in close apposition; or the fragmental ends themselves can be wired together, without the fear of producing any bad results.

Amputation of the Thigh in its Middle Third, by the Antero-Posterior Flap Operation, for the Relief of Long Standing Necrosis.

This man, aged forty years, whom many of you will doubtless remember, was admitted to the house some time ago, with extensive necro-

sis about the knee joint. He has been a sufferer from bone disease for a long time. He tells us that he has been troubled more or less with this knee for the last eighteen years, and that at times his sufferings have been almost beyond endurance. The condition is one of necrosis of the lower end of the femur, with, undoubtedly, an extension of the disease to the shaft of the bone, a condition which is, indeed, a serious one, and demands the most careful, as well as cautious, consideration. When he came into the house I did not deem it advisable to perform any operation for his relief then, owing to the existence of severe nervous shock; but now, after carefully considering the case, and consulting with my colleagues (Drs. Morton and Hunt), we have come to the conclusion that the only thing to be done is an amputation of the thigh. This is the only thing which gives any hope of relieving the man of his suffering. He may die from the effects of this operation, but if nothing were done for his relief he would surely die, within, at most, a very limited time, so we will give the man a chance for his life, and do all we can to carry him safely through.

In performing an amputation of the thigh I am not so particular as to the kind of operation employed. The circular and the flap are both operations which have their points of especial value. The circular is perhaps the better operation of the two where there is serous infiltration, or an undue amount of adipose tissue. The flaps of a flap operation in such cases as these would be large, boggy, and apt to give trouble. But here, where no such condition exists, the flap operation is probably preferable to the circular. As to the variety of flap operation, there is not much choice. A great deal depends upon the condition of the limb. If it is shattered, and the soft parts considerably lacerated, the flaps will necessarily be more or less irregular, according to the nature of the injury. They may be more than the conventional two in number, as well as very irregular in shape, and still be all that is required to form a good stump. Where the kind of flap is a matter of choice, however, you may employ either the short anterior with the long posterior flap, making the one a little less and the other a little greater than the semi-diameter of the limb, which is the ordinary operation; or you may reverse this and use the long anterior with the short posterior flap; but this possesses no especial advantage over the other. Or again, you may use what is termed the rectangular flap. These flaps are made square at the ends, and of about the same thickness throughout, the anterior flap being made of sufficient length (one-half the circumference of the limb at the seat of amputation) to enable it to be bent upon itself in such a manner that the square extremity will fit upon the end of the short flap. The length of the posterior or short flap is about one-fourth that of the anterior. This form of amputation was originally suggested by Mr. Teale, and is now known as the "Teale operation." It is very good in many respects, but it has the disadvantage of cutting considerable tissue, so that in case slough should occur it would become a more serious matter than a like occurrence from the ordinary operation.

You will notice that we are giving the patient ether, and applying Esmarch's bandage to the affected limb at the same time. These are two very important elements, greatly influencing the success of an operation of this character. The ether saves shock to the system, and the Esmarch saves blood. In administering the ether, let me say that the cloth should not be taken from the face after its inhalation has been once fairly begun, for excessive admixture of atmospheric air only causes excitement, and inclines the patient to struggle. In the application of Esmarch's bandage it is well to elevate the limb, and give the blood the advantage of gravity, in order that the vessels may be emptied with greater facility. By thus applying the bandage, and forcing the blood up out of the limb, it actually increases the quantity in the rest of the body. So that if there is no undue hemorrhage after the removal of the bandage, the man will certainly have more blood, relatively to the size of his body, after the operation than he had before. There is one point in connection with the application of this bandage to which I desire to call your attention. The original bandage, as suggested by Esmarch, is provided with a round constricting band of caoutchouc. Now, when this band is flaccid it is apparently broad enough, but when it is put upon the stretch and tightly applied, it is very small and cord-like. It produces narrow linear pressure, which, when brought to bear upon important nerves, is frequently the cause of temporary paralysis and other like inconveniences. To obviate this difficulty, I had constructed, some years ago, the broad rubber constricting band which you see here being used. It is broad and flat. It does not in any way produce narrow linear constriction, but its pressure is more diffused and equable. Its virtues have been abundantly tested, and it may be confidently employed without the fear of producing any troublesome after consequences.

I am not yet satisfied as to just how high up it will be necessary to amputate in this case. The diseased bone may be more extensive than I anticipate. The bandage is therefore carried as high up on the thigh as possible, and a tourniquet is put in position over the femoral artery in Scarpa's space, so that in case it is necessary to amputate higher up than the middle third, I will be able to do so without embarrassment.

In performing this operation I gather up the mass of muscles and integument on the anterior part of the thigh, transfix in front of the bone with a catlin in the middle third, and make the anterior flap by cutting from within outward. I then transfix behind the bone below (having the entrance and exit of the knife the same as before), and make the second or posterior flap in a similar manner, being at the same time careful that it is somewhat longer than the first. Now, divide the bone at right angles with its shaft, and the operation is done.

On examining the end of the divided bone at the seat of amputation, it shows a condition of chronic ostitis. The bone is somewhat thickened, and there are evidences of existing periostitis. The medullary cavity, however, seems to be in a sufficiently healthy condition to prove favorable, so that I do not deem it necessary to carry the amputation any higher up the thigh.

The flaps in this case exhibit a condition which is not commonly seen. They are soft and flabby, from long standing osseous disease. The muscles do not retract of their own accord, as is ordinarily the case after amputation for an acute injury, or the like, but they require retrenchment before the flaps can be considered in a proper condition for approximation.

The main artery which requires our attention is the femoral. In taking up this vessel I separate it somewhat from its surroundings, so that it can be easily ligated with a good strong catgut ligature. It is always well, in tying a vessel of this size, to employ a triple knot, in order to be perfectly sure that so large an artery is well secured, for it would, indeed, be a sorry thing to have a ligature give way on the femoral artery. As the constricting band is now slowly removed, I will ligate what bleeding vessels may remain. In doing so, I find an abnormal number of small vessels close around the bone, in the neighborhood of the periosteum, which require quite a number of ligatures to sufficiently restrain the hemorrhage, so that the flaps can be safely brought together. In uniting the flaps immediately after the operation is over, it is well to use a sufficient number of sutures to bring the parts in pretty close apposition. In this case ten interrupted wire sutures are used, but this is not too many to properly secure the parts. After having sewed up the flaps in this way, I am in the habit of entering the nozzle of a syringe into the wound, and distending the entire cavity with carbolized water. It cleanses out the cavity, washes away all foreign matter, and if it does no more, acts as a disinfectant. The stump is placed in an easy, slightly elevated position, upon an inclined plane, in order to relax the muscles on the front and inner portion of the thigh. The only dressing which it will require is a covering of waxed paper, and this is merely for protection. In this house the waxed paper has entirely superseded that very much more expensive article which was formerly so much in use. I refer to oiled silk. The waxed paper answers every purpose, and is so cheap that it never need be used more than once. It is very easily prepared, by dipping sheets of paper in a melted solution of oil and wax. The papers are then exposed to the air, and when thoroughly dry, are ready for use.

Results of an Amputation of the Leg—Mode of Dressing and Cleansing the Stump—General Symptoms and Treatment of Surgical Shock.

You have just seen me perform an amputation for the relief of long standing ossific disease, and it may not be uninteresting for you to see this man (aged about 30 years), who exhibits the results of an amputation made necessary by a railway injury. Here the seat of the amputation was not the thigh, as in the case which has just left the room, but, as you see, the lower part of the leg, near the junction of the middle with the lower third. The kind of amputation, too, was a little different, it being in this case that known as the lateral flap operation.

When this man came into the house he was suffering from a condition of severe shock, due to the injury he had received a short time before. From this condition he fully reacted before the amputation was performed. He also reacted well after the operation, and is now doing very nicely. The stump is in as good a condition as we could desire, and will probably heal kindly, without the occurrence of any untoward circumstance.

It will, no doubt, be interesting for you to see my assistants dress and clean the stump, in the manner usually followed in this hospital. These are small points, but they are frequently of more value in influencing the success of a case than many larger ones. You notice that after the removal of all previous dressings, a stream of carbolized tepid water from the "hospital carriage" is allowed to flow over the parts. This washes away the greater portion of the secretions which accumulate about the stump. Where there are any adherent secretions that will not readily come away under the stream of carbolized water, a pledget of carbolized oakum is used, instead of a sponge, as was the custom formerly, to loosen and detach any such remaining particles. For purposes of cleansing, the oakum is far preferable to a sponge. In this house sponges are not used, for the reason that they are expensive and hard to keep clean. The oakum is equally serviceable, and costs but a trifle. It is used once and then thrown away. If sponges be used, no matter how carefully they may be cleansed, they will often be the means of carrying disease from one patient to another. The only safe plan, then, is not to use such vehicles of disease at all, but to employ some cheap substance that can be used once and then destroyed. These indications are fulfilled better by oakum than by any other substance with which I am familiar. Then, too, oakum has the advantage of containing a small amount of tar, and of being rendered antiseptic by carbolic acid. This simple procedure in the manner of cleansing a part lessens, or perhaps does away with, that troublesome hospital affliction, pyæmia or blood poisoning, which is so frequently produced by the repeated use of the same sponges in dressing the wounds of different patients.

A few moments ago I said that when this man came into the house he was suffering from a condition of nervous depression—a condition of shock. A condition which may, indeed, be said to be the depression of the vital powers of the economy which follows severe injuries and surgical operations. It is of very common occurrence, and exceedingly so after railway injuries. Especially is it noticeable after such severe injuries and accidents as the fracture or mangling of a limb, or the crushing and laying open of a large joint. Then, too, the performance of the various surgical operations inflicts more or less shock upon the system. As a rule, the capital operations of surgery give rise to a greater amount of nervous depression than those of less importance, though this is by no means always the case. John Hunter, a long time ago, said that the most alarming results would at times follow the simplest of surgical operations. The introduction of a male catheter, or the tapping operation for hydrocele, have been the cause of fatal shock.

But what are the leading symptoms of this common condition? They are pallor of the countenance; coldness of the surface; a feeble

pulse; irregular respiration, and, perhaps, nausea, or nausea and vomiting. There may be muscular tremors, and the skin may at times appear somewhat jaundiced. These symptoms are usually rapid in their onset, and of longer or shorter duration, according to the severity of the shock, as well as the ability of the vital powers of the economy to react and throw off its depressing influence.

The usual plan of treatment, as carried out in this house, is by fresh air; a loosening of all constrictions about the neck and waist; a free use of the smelling bottle, passed rapidly to and fro under the nose; stimulating injections, as of turpentine, ammonia, mustard and water, etc.; strong, hot coffee; warmth in bed; sinapisms and hot fomentations to the epigastric region. This plan of treatment will usually bring about a salutary reaction. Among the first indications of this result will be noticed a return of color to the lips and countenance; a quicker and fuller pulse; the respirations will be more regular; there will be an occasional sigh or yawn, indicative of a desire to take a full inspiration. The surface of the body will increase in temperature, and consciousness will return.

These symptoms of reaction are the ones we are to strive to bring about in all cases where this condition of nervous depression exists, before we can consider the propriety of any operative procedure whatever. It is never judicious practice to operate at all until after the system has reacted from this depressed state. If this indication be not observed, and an operation be inflicted upon a patient during the existence of severe shock, the danger to life is very much increased. The shock of the injury or accident is enough; and to add to this the shock of an operation simply means to more completely exhaust the vital powers, and render reaction just so much more uncertain, if, indeed, it be not by this time impossible.

Crushed Elbow Joint.

I will show you one other case, which will come in very nicely as an illustration of what I have just been saying in reference to the impropriety of performing any serious operation during the existence of severe shock.

The man before you, who is a German, of about forty years of age, was admitted to the house three weeks ago last Monday. He had received an injury about the elbow joint, by which it was badly crushed. The injury was so extensive that at the time of admission it was a proper case for amputation. The shock of the injury, however, was so great that it rendered the man's general condition entirely unfit to endure the additional shock of an operation. Had the part been amputated then, it would, in all probability, have placed the man beyond a possible recovery. His chances for life were few, but after consulting with the other surgeons of the house, I decided to give the man the only chance he had, by allowing the parts to remain as they were, and perform, if necessary, a secondary operation. The man's general condition was carefully watched and cared for, but the injured joint was simply given comfortable support and let alone. This was all that could be done in such a case as this.

Upon this plan of treatment, which was more expectant than anything else, the man's condition gradually improved. His countenance slowly brightened up, and he became more cheerful. His temperature, though varying considerably at different times, as shown by the zigzag oscillations upon the chart, has not, however, at any time been above 102° Fahr. The arm itself is doing fairly, and altogether the general condition is quite favorable.

Inasmuch as there is considerable raw surface exposed about the elbow, the ordinary carbolized dressings are applied. A piece of patent lint is saturated in carbolized oil and laid over the parts.

The carbolized oil which is used so much in this house is composed of twelve parts of castor oil to one part of pure carbolic acid. Formerly it was made of the strength of sixteen parts of the oil to one of acid, but the stronger preparation very seldom irritates, and has proven itself the best for ordinary purposes. Other oils are sometimes used for this purpose. Linseed oil answers very well. It is not as good as castor oil, but is much better and cheaper than olive. Olive oil is itself more or less irritating, and hence inferior to either of the others just mentioned.

Editorial Department.

Periscope.

The Therapeutic Uses of Belladonna, Especially in Erythematous Fevers.

Dr. Wm. Hitchman writes to the *British Medical Journal*—

Nearly forty years since I was much struck by Mr. Liston's successful treatment of erysipelas by means of belladonna exclusively. From that time to the present I have largely prescribed this valuable therapeutic agent, not only in intestinal obstruction, after the failure of other measures, but in smallpox, diphtheria, whooping cough, typhoid fever, scarlatina, and acute inflammatory diseases. In spasmodic nervous affections, such as epilepsy, chorea, and infantile convulsions, it acts benignly upon the heart, brain, spinal cord, alimentary canal; demonstrably increasing (particularly in scrofulous and phthisical subjects) the contracting power of the intestines; relieving constipation, headache, sore throat, cerebral excitement, and cardiac disturbance, very efficiently. In availing ourselves of the therapeutic advantages of belladonna, it is not desirable or necessary to include its toxic action.

I have attended hundreds of cases of smallpox in Liverpool alone, during the past quarter of a century, without a single fatal issue; and I attribute the fact entirely to the remedial influence of the medicine in question, since, as Dr. J. Harley has clearly shown (*Old Vegetable Neurotics*), and I had also observed, that it is practicable to dissociate the eruptive fever from local inflammation to such an extent that it can be arrested independently; and on the removal of the former the latter subsides. In my opinion there really is a similarity or correspondence between the primary action of belladonna on the capillary vessels and sympathetic nerve and those peculiar morbid states conventionally known as fever and inflammation. I have suggested to several professors in France, Germany, Holland, and Italy, the value of atropia in smallpox, all of whom have obligingly communicated to me their high opinion of its therapeutic value. That the stimulant action of belladonna is converted, in febrile diseases, into a tonic and sedative influence, favorable to recovery, may well be conceived, seeing that if we give (as Dr. J. Harley points out) a full dose of atropia to a patient with a pulse of 120, and even higher—a hard, dry tongue, and pupils measuring one-sixth—after ten, twenty or thirty minutes, when the action of belladonna is fully developed, the pulse will be decreased, the tongue be moist, the pupils contracted, etc. In fact, the medicine, when appropriately given, neutralizes the disease, and no morbid remedial augmentation, however temporary, is usually witnessed, unless the doses have been unnecessarily, and therefore injuriously, large.

Morbid Softness of the Uterus.

On this state Dr. Graily Hewitt writes, in a recent clinical lecture, in the *Lancet*—

I regard this condition of the uterus as of the greatest importance as a factor in the production of severe and troublesome disease. It results, from many observations which I have been able to make, extending now over a considerable period, that one of the effects produced by chronic starvation is a peculiar softening and relaxation of the tissues of the uterus, whereby the organ loses its normal, hard, firm, resisting composition, and becomes soft, non-resisting, pliable, and thus physically changed in certain very important particulars. The condition in question is so constantly associated with an imperfectly nourished state of the body generally, that the constant association of the two elements, in cases coming under my notice, first led me to decidedly connect the two as cause and effect, a connection the knowledge of which has proved most serviceable to me in the treatment of this class of cases. Undue softness of the uterus plays a most important part in the history of flexions of the uterus, and it is my opinion that it constitutes the principal predisposing cause of this troublesome class of diseases. Undue softness of the uterus in single women is, I believe, always associated with defective nutrition. This is the class of cases in which severe reflex uterine nausea is liable to be observed; nausea, dysmenorrhœa and undue softness of the uterus are also frequently associated.

Concerning the condition of the uterus in married women who are the subjects of chronic starvation, I would remark that the same softness and undue pliability is liable to be met with as the result of chronic starvation. But pregnancy also has the effect of softening the uterus, or, at all events, that portion of it which is accessible to the touch. Moreover, after pregnancy is over the softness peculiar to pregnancy is liable to persist for a variable interval. The uterus after childbirth undergoes a process known as involution. This process is singularly disturbed in cases of chronic starvation. It is protracted, delayed, and in other ways seriously affected, in many cases where the general nutrition is in an imperfect state. In other words, in women who are suffering from chronic starvation we find the uterus is very slow in returning to its original size and weight after the process of parturition is at an end.

Pregnancy is frequently a cause of chronic starvation, in consequence of the sometimes long continued nausea and vomiting attending the first part of the process. It is well known that this evil is occasionally carried to such a length that the patient does actually perish of starvation. In these cases, which are quite analogous to those just now mentioned as occurring in non-pregnant women, the uterine irritation sets up the reflex act, vomiting, and so little nourishment passes into the system that chronic, and sometimes acute, starvation results.

Treatment of Diphtheria.

Dr. C. S. Kilner writes to the *Lancet*—

That the use of iron is one of the best remedies in this disease, and in many other affections of the throat, is, I think, now almost universally received. A powerful antiseptic, without its being too corrosive in its action, is what is required as a local application in diphtheria.

I have found the following course of treatment to be very beneficial: On the first appearance of any signs of diphtheria I immediately order the throat to be thoroughly swabbed with a paint composed of carbolic acid, one drachm; sulphurous acid, three drachms; solution of the perchloride of iron and glycerine, of each half an ounce. Internally I give iron in large doses, with chlorate of potash and spirits of chloroform, every three hours. I also order plenty of beef tea, port wine, etc., from the commencement.

During the past week I have had two cases under my care. In one I saw a well-marked diphtheritic patch on the right tonsil at the commencement of the attack. I used the paint as described above, and the disease was checked at once. In the other the disease had spread over the greater part of the fauces and back of the pharynx, and by night the throat was almost blocked up. In this case I used the paint frequently, and by the fourth day the exudations had disappeared. I may add that in every case in which I have adopted this plan of treatment the patients have experienced great relief after each application of the paint.

The following case is reported in the *British Medical Journal*, by Dr. J. P. Lewis:—

On October 13th I was called to see Master

—— (one of a family of four children), whom I found suffering from a diphtheritic patch on the left tonsil, accompanied by the usual prostration of strength, a temperature of 103°, and a pulse of 130. I had here a case of diphtheria in a household of ten persons. Isolation, as far as possible, was at once enjoined, and the treatment which I have with unvarying success pursued for many years was adopted; the main features of which are: the application of *sulphurous acid* to the throat, nitro-hydrochloric acid internally, and as large a quantity of nourishment as possible, given assiduously, day and night, with alcoholic stimulants according to circumstances. One nurse and the three remaining children were received into the house of friends in a neighboring village, whose courage and humanity deserve to be recorded; but, on October 20th one of these children developed diphtheria and was brought back to his home. The under nurse maid, who had remained in the infected house, fell ill on the same day, and there the spread of the disease ended.

In the first case, which was also the most severe, the maternal instincts were too strong to be influenced by my protests; notwithstanding which the mother, a delicate lady, nursed the child throughout his illness (with occasional assistance), without showing a symptom of the disease, an immunity she shared with the others in attendance. Now, the point I desire to make specially prominent is, that all those attending on the cases were considered for the time being as also affected, and treated with *sulphurous acid gargle*, etc., accordingly. To this prophylactic treatment I attribute their immunity from attack, as the specific fungoid growth found on the throats of the diphtheritic must necessarily be nipped in the bud by the action of the acid, so destructive to this form of life.

Creasote as a Disinfectant.

Dr. F. Vacher writes to the *British Medical Journal:* About two years since, owing possibly to my having heard current stories of the curative properties of the waste gases and vapors given off at gas works, in cases of croup, whooping cough, etc., I directed my druggist to prepare for me a disinfecting liquid, made as follows:—

℞.	Creasote,		
	Glacial acetic acid,	āā	ʒiiss
	Methylated spirit,		ʒx
	Water,		Cj. M.

This has since been used by the Birkenhead inspectors as an ordinary disinfecting wash, for cleansing the interior of cottages in which the subjects of zymotic disease are or have been housed. The preparation, it will be seen, is very similar to mistura creasoti of the *British Pharmacopœia.* It is, I believe, quite as efficient as carbolic acid and water, and the smell is certainly less objectionable. Indeed, the great merit of creasote wash is that it can be abundantly used in a sick room without nauseating the patient, while the acetic acid it contains is felt to be cooling and refreshing, and helps to neutralize the ammoniacal vapors that hang about the chambers of the poor.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Mr. D. C. Robbins' annual report of the drug trade of New York city contains many facts of interest.

——An obituary notice of the late Dr. L. R. Longworth, of Cincinnati, by Dr. F. Forcheimer, has been printed in pamphlet form.

——The *Transactions* of the American Dermatological Association at its second meeting form a neat pamphlet of 62 pages. (D. Appleton & Co., New York.)

——A Manual and Directory of the Charities of Philadelphia has been published by J. B. Lippincott & Co. It forms a small volume of 217 pages, and will be found very useful to all residents in the city.

——The very considerable adulteration of food and medicine has prompted Dr. E. R. Squibb, of Brooklyn, to advocate legislation to diminish it. A pamphlet on the subject, of 58 pages, from his pen, has been published by G. P. Putnam's Sons, New York.

——The *Transactions* of the Kentucky State Medical Society, April, 1878, are comprised in 44 pages, principally occupied with the address of the President, Dr. J. L. Desmues, and an address on the late Dr. L. P. Yandell, by Dr. R. O. Cowling, of Louisville.

——Part II of Mr. R. J. Godlee's Atlas of Human Anatomy is now ready. The plates represent dissections, showing the structures at the back of the neck; another, exhibiting the superficial parts supplied by the branches of the external carotid; and a third, displaying the deep carotid and its region. These plates are exquisitely drawn and colored, and the explanatory text which accompanies them is full and clear. The work is to be completed in twelve or thirteen parts, at $2.50 a part. Published by Lindsay & Blakiston, Philadelphia.

——Of recent contributions to the department of nervous diseases, the essay by Dr. William A. Hammond, on the "Non-Asylum Treatment of the Insane," is particularly noteworthy, as an effort to release this specialty from the too exclusive control of a narrow class of practitioners. (G. P. Putnam's Sons.) The Nature and Diagnosis of Neurasthenia are discussed with much ability by Dr. George M. Beard, in a reprint from the New York *Medical Journal.* The difficult subject of the pathology of the sympathetic nerve is explained, with special reference to dis-

eases of the eye, by Dr. Landesberg, of Philadelphia. (Reprint from the *Archives of Ophthalmology*, vol. vii.)

BOOK NOTICES.

A Manual of Examination of the Eyes. A Course of lectures delivered at the "École Pratique" by Dr. E. Landolt, Directeur Adjoint of the Ophthalmological Laboratory at the Sorbonne, Paris. Translated by Swan M. Burnett, M.D., etc. Revised and enlarged by the Author. Published by D. G. Brinton, Philadelphia, 115 South 7th St., 1879. 1 vol., 8vo. Illustrated. pp. 307. Price, cloth, $3.00.

There can be no doubt of the fact that diseases of the eye have materially increased in frequency within the last generation. The reasons are obvious in the forms of modern civilization; and a consequence is that every physician now finds it a duty, and should not neglect it, to acquaint himself sufficiently with the difficult specialty to be able to use the ophthalmoscope, and to recognize, at least, if he does not treat, the various impairments of vision now-a-days so common.

It was largely with this object in view, that is, to write a clear, comprehensive, accurate manual of ophthalmological diagnosis, that Dr. Landolt prepared his lectures at the clinical school of the Sorbonne for publication in book form. He has called upon all the resources of his art to measure, exhibit and test the visual organ and its function; and supported as he is by a very able translator, his work leaves nothing to be desired, either by the specialist or the general practitioner.

In his earlier chapters he considers the movements of the eyes, and the uses of prisms; then follow the subjects of asthenopia and tonometry, refraction, astigmatism, ametropia, accommodation and the influence of age on it, the tests of acuteness of vision, examination for color blindness and color perception, indirect vision, and finally, eight chapters on ophthalmoscopy, treating this subject in the most complete manner, and describing the very latest improvements of the ophthalmoscope and their uses. Two charts conclude the book, printed on large sheets, the one on the movements of the eyes, and their derangements, the other on paralysis of the muscles of the eyes. The illustrations, which are numerous, were made under Landolt's own inspection, in Paris, and imported especially for the publication of this work.

Dr. Burnett, himself favorably known as a practitioner of skill in this special branch, has done the work of translation with much judgment, and has combined in this volume the contents of several of the author's original essays. As the author, however, read and corrected the translation before it went to press, the reader may be sure of finding his latest and most mature views.

A Treatise on Gout, Rheumatism, and the Allied Affections. By Peter Hood, M.D., etc. Second Edition. Lindsay & Blakiston, 1879. Cloth, 8vo. Price $3.50.

Dr. Hood's work, originally published in 1871, has attained a moderate popularity. It was drawn from a large practice, by a provincial English physician of good education and thoughtful mind. Gout occupies his chief attention. Eight chapters are devoted to its description, causes, treatment and prevention; while rheumatism is discussed in one chapter. The revision has been careful, and we have not noted the omission of any of the important new discoveries in treatment.

This edition has a final chapter on Longevity, not connected with the substance of the book. It is interesting reading, as all treatises on that subject are. The principal cause of failure to attain long life is, in the author's opinion, a neglect of the incipient signs of disease. Another is the sloth which creeps over old people. We are surprised to see the author state (p. 410) that Quakers are a short-lived sect. Recent statistics prove the contrary.

A Clinical Treatise on Diseases of the Liver. By Dr. F. T. Frerichs, etc. In three volumes. Vol. I. Translated by Charles Murchison, M.D., F.R.C.P., etc. New York, Wm. Wood & Co., 1879.

It has now been twenty-one years since this monograph of Frerichs' was published, and it is still respected as one of the best works on the subject in medical literature. Hardly any point in physiology has been more warmly debated within that period than the function of the liver; and very constant study of its pathology has been prosecuted by hosts of observers. Not very much has, however, been added to Frerichs' observations, so far as the practical part of the matter is concerned. His acute observation defined the signs of disease, and the explanations he offers for them are generally as plausible as any since suggested.

The present volume is chiefly occupied with jaundice, acholia, chronic atrophy and fatty liver. The translation (made in 1860) is by a master hand, and the notes of the translator add value to the original text.

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PETROLEUM AND ITS DERIVATIVES, IN PHARMACY AND MEDICINE.

Petroleum was once known as "Seneca oil;" and the reason given for this name was that the Seneca tribe of Indians, who occupied the territory where it was a natural product, were accustomed to collect and use it for medicinal purposes, and sell it to other tribes as a valuable agent. Just how they employed it, whether internally as well as externally, we do not now recall; but that their esteem of it was well founded we do not doubt.

We still lack a careful study of the physiological effects of crude petroleum and its numerous derivatives. These latter are found in both the gaseous, the liquid, the semi-solid and the solid state. They all belong to various series of carbo-hydrogens, and the absence of oxygen renders them suitable for a variety of economic and therapeutic purposes.

French writers have recently reported some interesting facts, worthy of reproduction. In the number of the *Bulletin de Thérapeutique* for December 15, Dr. BLACHE states that a refiner of petroleum having been prohibited by a préfet, at the request of some *pharmaciens*, the distribution of petroleum in medicinal doses, this led to an inquiry being made as to its alleged utility in affections of the chest. The native petroleum from Pennsylvania and Virginia was that experimented upon first. It is a very safe substance, for even large quantities, when drunk by error, have only caused a little nausea. In chronic bronchitis, with abundant expectoration, it rapidly diminishes the amount of the secretion and the paroxysms of coughing, and in simple bronchitis rapid amelioration has been obtained. Its employment in phthisis has been continued for too short a time, as yet, to allow of any opinion being delivered as to its efficacy, beyond that it diminishes the expectoration, which also loses its purulent character. The petroleum is popularly taken in doses of a teaspoonful before each meal, and after the first day any nausea which it may excite in some persons disappears. M. Gardy, a Paris *pharmacien*, has prepared capsules, each containing twenty-five centigrams of petroleum, or, as he calls it, *huile de Gabion*, from the name of an ancient petroleum spring, and this Dr. BLACHE considers as the most favorable mode of administering it.

The physiological effects of *benzine* have lately been discussed by Dr. BENECH, in the *Gazette Médicale de Paris*. He remarks, that since the days of Sir J. Simpson benzine has been considered by Kopp, Lebert and others, as an anæsthetic. Dragendorf maintained that benzine is not a poison; while Raynal said, as early as 1854, that it has toxic effects on large animals. When injected under the skin, benzine is not absorbed; and animals survive almost enormous doses of it when given by the mouth. But if it be inhaled, or injected into the veins, symptoms of poisoning are produced, the animal having clonic spasms and muscular trembling; all voluntary movements cease; the animal cannot stand upright; its movements are, at first, coördinated; this period soon ceases, the temperature falls, both the respiration and rhythmic action of the heart are quickened, and

the animal dies. If the dose of benzine have not been large enough to cause death, the animal recovers gradually, and after a few intermittent attacks of clonic convulsions the temperature rises, the animal succeeds in standing upright, and normal recovery gradually follows.

M. Benech concludes that, on the whole, benzine increases the secretions of the body, modifying them in various ways. Diabetes is caused by it in the guinea pig, rarely in the rabbit, seldom in the dog. It is eliminated by respiration. Professor Naunyn, of Berlin, states that it is transformed into carbolic acid in the body; but M. Benech has never succeeded in discovering carbolic acid either in the urine or in the blood of animals poisoned by benzine. It seems that animals become accustomed to it very quickly; they will, without seeming to suffer much, bear doses short of poisonous for a long time.

Kerosene has long been popular in the United States as a remedial agent. It is given in croup, in doses of a teaspoonful to a child two years old (see Reporter, volume xxxvi, pages 343, 409); and is also used as a cough remedy. While thus seemingly innocuous to large animals, it is fatal to small ones. As a parasiticide and vermin destroyer it is one of the best and cheapest in existence, sharing this property with benzine, benzoline and other petroleum products. It is an efficient destroyer of moths and lice, and we note that the Austrian Government has adopted, in its military establishments, the use of benzine as a vermin killer, and finds this process quicker and more effective than the old method of baking.

The semi-solid products, known as petroleum ointments, have been extensively introduced into medicine under fanciful names, as cosmoline, vaseline, petroleol, etc. They are all various mixtures of paraffins, being saturated hydrocarbons, some inclining to the solid, others to the volatile members of the series, and differing in density according to the character of the mixture. They are obtained commercially by distilling and filtering the American petroleum, which consists almost exclusively, when in its natural state, of paraffins, varying in density from ethane and propane, gases given off from it at ordinary temperatures, to ozokerit, which is a very firm solid.

These ointments, when carefully made, are almost tasteless and inodorous, insoluble in water, freely so in ether, and when warmed, miscible in all proportions, with fixed and volatile oils. They resist the action of oxygen, and hence undergo no change by exposure to the air, warmth and moisture. They never become rancid, and, in fact, are wholly unalterable under any of the ordinary conditions of life. Applied to the denuded flesh they are soothing and protective, and mechanically assist the healing process. They are inimical to the lower forms of animal and vegetable life, and are thus mechanical antiseptics of considerable efficacy. We look forward confidently to their ultimately wholly banishing from pharmacy the use of all other vehicles for ointments, and to a large extent the use of vegetable and animal oils, glycerine, lard, cerate and wax in any capacity.

Notes and Comments.

Therapeutical Notes.

BROMINE IN CROUP.

The inhalation of the vapor of bromine in croup is not a novelty. But Dr. Redenbacher gives, in the *Med. Central Zeitung*, the following formula as one especially appropriate for internal use:—

R.	Decokt. altheæ,	120.0	
	Potassii bromidi,	4.0	
	Brominii,	0.3	
	Syrupi simplicis,	30.0.	M.

Sig.—A dessertspoonful every hour, to a child of seven.

The effect he describes as surprisingly good.

ATOMIZED ETHER IN PERTUSSIS.

Dr. Lubolski, in the *Gazette Hebdomadaire*, recommends, in the first two stadia of pertussis, atomized ether, applied to the neck and along the course of the pneumogastric nerve. He claims it is without danger, and gives prompt relief. Ether inhalations, we may add, were long since recommended in this disease (see Cohen, *Inhalation*, page 122).

REMEDY FOR COLOR BLINDNESS.

La France Médicale states that M. Delbœuf

has found that if a person afflicted with Daltonism looks through a layer of fuchsine in solution his infirmity disappears. A practical application of this discovery has been made by M. Joval, by interposing between two glasses a thin layer of gelatin previously tinted with fuchsine. By regarding objects through such a medium, all the difficulties of color blindness are said to be corrected.

CANTHARIDINE IN NÆVI.

Dr. Laboulbène has utilized the irritant properties of cantharidine for removing nævi, which disappear under its use, without leaving any traces beyond a slight scar. He mixes ten centigrams of cantharidine with ten grams of chloroform, and paints it on the skin.

A NEW HAIR RESTORATIVE.

A writer in the Berlin *Klin. Woch.* tells of a bald old man who, for an eye affection, had pilocarpine mur. injected hypodermically thrice within a fortnight. The treatment proved successful, not only for the eyes, but also for the hair, which suddenly began to grow rapidly. A few weeks later the author had to treat another patient with pilocarpine, who also had a bald patch. After two or three injections, the patch was covered with young hairs, which grew rapidly.

NAPHTHALINE IN CATARRH.

Naphthaline, C_{10} H_8, reduced to powder and united with a little gum acacia, in gr.j–ij, or advantageously combined with a small quantity of codeia, not only slightly lessens expectoration, but alleviates cough without interfering with the other secretions: at any rate, when given, it has acted well in my hands. It appears to be a stimulant expectorant, possibly having more advantage from the slight disinfectant power it may possess.

Simulation of Pleuritic Signs by Worms.

A number of striking cases are collected by Prof. Wiart, of Paris, in an article in *l'Année Médicale*, illustrating the deceptive signs of pleurisy and other respiratory affections occasionally brought about by the presence of worms in the intestinal canal. There is a dry and frequent cough, and sharp pain, generally in the right side, sometimes nearly as high as the shoulder. Dyspnœa, orthopnœa and other functional derangements may be present. The attacks may be sudden and repeated, or gradual and constant. He quotes Dr. M. de Grandvilljers as giving a pathognomonic sign of worms; it is a transitory flush of one cheek (*une rougeur fugace à une des joues*). Whenever this is not a symptom of dentition, it is sure to indicate intestinal worms.

Morphia in Labor Pains.

Dr. Ernoul, in the *Bulletin de Thérapeutique*, observes that hypodermic injections of morphia act most efficaciously in the relief of even the most violent after-pains; and they also diminish the pains of labor when these are excessive, and especially when produced in primiparæ by prolonged distention of the perineum. To relieve these it is only necessary to inject into the perineum one centigramme of the hydrochlorate of morphia. The uterine contractions are not sensibly diminished, but only less painful. These injections, however, should not be used in women predisposed to hemorrhage.

Diphtheria in Fowls.

The *Gazette des Hôpitaux* states the following results of Mr. Nicati's experiments on diphtheria in fowls: 1. This disease can be transmitted from the chicken to any other being. 2. It can be inoculated into the eye of an individual who has already been attacked by the same disease. 3. The further development of diphtheria can, if not suppressed, at least be retarded by protecting the affected part from the air, the diphtheritic process being entirely dependent on air or oxygen.

Treatment of the Albuminuria of Pregnancy by Jaborandi.

Dr. Langlet, of Rheims, publishes an account of a case of albuminuria during pregnancy, which he has treated successfully by the administration of jaborandi. The patient, three months advanced in pregnancy, showed the ordinary symptoms of albuminuria. The action of the jaborandi on the salivary glands became apparent on the day of administration. The patient took the drug continuously for a period of sixteen days, during which time the œdema disappeared, and the general symptoms were improved.

Spontaneous Cephalæmatomata.

M. Gidon reports two cases of the spontaneous origin of these blood tumors in infants about 20 months of age. There was no fall nor blow, and in both instances no serious results followed (*l'Année Médicale*, January, 1879). The observations are interesting, as the fact of the spontaneous origin of such tumors will often acquit nurses and companions of alleged violence and negligence, which might unjustly be imputed to them.

Correspondence.

Purpura Hemorrhagica Equina.

Ed. Med. and Surg. Reporter:—

In an experience of over twenty years' active practice as a veterinarian in this city, I have seen a great many cases of purpura hemorrhagica, and some years ago, judging by the number of deaths that came under my notice, as well as the various names the disease was known by, such as farcy, dropsy, water farcy, swelled legs, etc., I concluded that the disease was not understood by the majority of the men who were practicing as veterinary surgeons, and wishing to save the lives of valuable animals—as there were many cases came under my notice that had been condemned as being affected with farcy—I gave a brief description of the symptoms and treatment of the disease to the *Evening Bulletin;* the same was published in that journal, in the issue of November 26th, 1872, and I was pleased to find that it was the means of saving the lives of many valuable animals that would have been destroyed as being affected with farcy. I thought then, as I think now, that the pathology of the disease was and is understood by veterinarians, and my object in sending the article to the paper was to try and prevent amateurs and quacks from condemning valuable horses; and, as I remarked above, it had in many cases the desired effect. Therefore, you can judge of my surprise, on looking over the Medical and Surgical Reporter for March 1st, to find that in your answer to Dr. H. K., of La., you say that purpura hemorrhagica in the horse is a misnomer; it is not purpura at all, but a form of typhus. As I have been a constant reader of your very valuable journal, and have heretofore accepted your views, and believing that many human practitioners, as well as veterinarians, would accept, without questioning, any theory you might advance, I feel called upon, knowing that you are always ready and willing to advance the veterinary art, to ask you on what authority you base your opinion? Is it from theory, or actual practice? If the former, is the theory advanced by a human or veterinary practitioner? and if the latter, did you make post-mortem examinations in cases that terminated fatally? I hope you will give this space in the Medical and Surgical Reporter, with your answer, so as to elicit the views of others on the subject. James McCoart, v.s.

817 *N. 22d St., Phila.*

[Our opinion given on this subject may be supported by the authority of Prof. John Gamgee, who writes: "I have, since I commenced lecturing on Veterinary Medicine, insisted on the term purpura being quite misapplied to the disease so named by veterinarians." (*Veterinarians' Vade Mecum*, p. 311.) Prof. W. Williams identifies it with "septic or charbonous fever" (*Principles and Practice of Veterinary Medicine*, p. 269), which, it is needless to add, is a very different disease from purpura hemorrhagica in man.—Ed. Reporter.]

Puerperal Convulsions.

Ed. Med. and Surg. Reporter:—

February 23d, 1879, at four P.M., saw Harriet Leverett; colored, primipara, aged eighteen; had been in active convulsions, with but little interval, at least six hours. At sunrise she was heard to groan. On being questioned, replied that nothing was the matter. At ten A.M. was found in convulsions, with a dead babe in the bed, having in some way cleared herself and removed the afterbirth. I injected, at once, hypodermically, one-half grain morphine and twelve drops of fluid extract veratrum viride. I corded the arm, and bled from two veins at once till convulsions ceased for the time, and she could bear no further loss of blood. Ordered, at nine P.M., and every three hours till convulsions ceased—

℞.	Potassii bromid.,	grs. cccxx
	Morphiæ sulphat.,	gr. ij
	Fld. ext. verat. virid.,	♏l
	" ergot,	f. ʒ iv
	Aquæ, q. s.	f. ʒ viij. M.

Sig.—Tablespoonful every three hours.

Her employer, a very intelligent man, was instructed, if convulsions became violent and more frequent again, to remove the bandage and let her bleed all she could bear. This was not necessary, as the convulsions grew lighter, came at longer intervals, and entirely ceased at six P.M. on the 24th. She from this time improved steadily, and on the morning of February 28th was aroused for the first time to complete consciousness, and went on, without a break, to recovery. This case is reported simply as illustrating a treatment adapted to the relief afforded in a girl of plethoric and vigorous habit, of a race that, as a rule, bears depletion badly in any ordinary disease.

Edward H. Scholl, M.D.

Gainesville Ala., March 18th, 1879.

A Twin Labor, with Breech and Shoulder Presentation.

Ed. Med. and Surg. Reporter:—

Two weeks since the writer was called to attend Mrs. W.; white, multipara, last child born six years since; this the succeeding pregnancy. Examination revealed os well dilated, and the labor rapidly progressing. In an hour or two the first child was delivered by the breech, and with considerable trouble was severed from the mother, the cause unusual shortness of the cord. Looking immediately after the placenta, the second child was detected rapidly advancing, urged by pains of considerable force. The presenting part was well down in the pelvis, and discovered to be the left shoulder; the waters had ruptured, and the cord had presented. The first impulse was to turn and deliver by the feet. But changing my tactics, the shoulder was, in the interval of a pain, carried well back, the fingers then swept upward, forward and to the mother's right, and the head brought into the strait, where a few pains soon secured it. The head, it seems, had started down occipito

anterior, and being by some means displaced, was carried to the right, along the brim, while the left shoulder assumed its original position. The child was delivered vertex to front. The cord, though replaced, in all probability was constricted, for the child was stillborn, and never revived. There was one placenta and two sacs. The children would probably weigh six pounds each, and to all appearances, were delivered at about seven and a half or eight months, this term agreeing with the mother's count.

The case is reported merely to suggest more thorough attempts at cephalic version before resorting to podalic, a plan more tedious, difficult and painful than the above, wherever the writer has attempted it. M. J. Eley, M.D.

Lafayette, Ala., March 20th, 1879.

Venereal Warts.

Ed. Med. and Surg. Reporter:—

In the Reporter for March 29th I notice that a writer in the *British Medical Journal* recommends burnt alum and tannin in the treatment of venereal warts. In one case I used acetic acid for this purpose, and with complete success. The warts were situated in the angle between the prepuce and glans, and together formed a bunch about the size of a hazel nut. The acid was applied twice a day, with a camel's hair pencil, and the parts kept covered with soft cotton. In four or five days the warts had entirely disappeared. The points from which they sprung were touched with acid nitrate of mercury, and the cure was complete. F. H. Murdock, M.D.

Bradford, Pa.

News and Miscellany.

The Medical Law of Indiana.

The following is the Medical Law of Indiana, as passed by both houses last month:—

Section 1. Be it enacted by the General Assembly of the State of Indiana, That any person who shall have attended two full courses of lectures, of sixteen weeks each, and graduated in some legally chartered medical college, shall be entitled to practice medicine, midwifery and surgery in the State of Indiana, subject to the hereinafter mentioned provisions of this Act. It shall be the duty of all legally chartered medical colleges to have appointed from the State Medical Association of the same school of practice to which such college belongs a board of examiners, composed of five members, to be appointed by said State Medical Association, whose duty it shall be to examine all candidates for graduation, and upon a certificate from such board of examiners that the candidate has passed a satisfactory examination shall a diploma be issued by such faculty or college, and upon no other, and such colleges shall be required to pay a fee of five dollars to such board of examiners for every such student so examined, and no other or further remuneration shall be allowed such board of examiners for their services.

Sec. 2. That any person who shall have practiced medicine, midwifery and surgery for the last preceding five years consecutively, within the State of Indiana, and attended one full course of lectures of sixteen weeks, and graduated in some legally chartered medical college, shall be entitled to practice medicine, midwifery and surgery, subject to the hereinafter mentioned provisions of this Act.

Sec. 3. Any person who shall have practiced medicine, midwifery and surgery for the last preceding ten years consecutively, within the State of Indiana, shall be entitled to practice medicine, midwifery and surgery, subject to the hereinafter mentioned provisions of this Act.

Sec. 4. That any person desiring to practice medicine, midwifery or surgery in any county in the State of Indiana, and who is a graduate of medicine, midwifery and surgery, in accordance with the provisions of this Act, shall go before the clerk of the Circuit Court in the county in which he desires to practice, and present his diploma in accordance with the provisions of this Act, and there make oath that he is the person mentioned in said diploma, and that the same has been properly and legally obtained.

Sec. 5. Any person desiring to practice medicine, midwifery and surgery in any county in the State of Indiana, and who shall have practiced the same for the last preceding ten years consecutively within the State of Indiana, shall go before the clerk of the Circuit Court in the county in which he desires to practice, and there make oath that he has practiced medicine, midwifery and surgery within the State of Indiana for the last preceding ten years consecutively, and prove the same by two reputable witnesses, who shall also be required to make oath to the same effect. *Provided*, that nothing contained in this Act shall be so construed as to prohibit any person complying with the foregoing provisions of this Act to practice medicine, midwifery and surgery in any other place than where he resides.

Sec. 6. The clerk of the Circuit Court in any county in the State of Indiana shall, on the payment of $1, issue his certificate, stamped with the seal of the county, to any person complying with the provisions of this Act.

Sec. 7. The clerks of the Circuit Court in the counties in the State of Indiana shall be required to keep a register of all persons complying with the provisions of this Act.

Sec. 8. Any person practicing medicine, midwifery and surgery, in accordance with the provisions of this Act, shall, on removal to another county, be required to file his certificate, obtained in accordance with the provisions of this Act, with, and pay one dollar to, the clerk of the Circuit Court in the county to which he removes, and said clerk shall issue his certificate in lieu thereof, which certificate shall be his warrant for practicing in said county.

Sec. 9. The clerk's certificate shall be as follows: "Dr. A. B., having complied with the provisions of the law passed ——, 1879, governing the practice of medicine, midwifery and surgery, is hereby authorized to practice medicine, midwifery and surgery in this county and State, so long as he resides in this county."

Sec. 10. Any person practicing or attempting

to practice medicine, midwifery or surgery in violation of the provisions of this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be imprisoned in the county jail for not less than six months nor more than twelve months, and fined in any sum not less than twenty-five nor more than five hundred dollars, in the discretion of the court.

SEC. 11. Any person making false oath or affirmation, to obtain a certificate in accordance with the provisions of this Act, shall be deemed guilty of willful and corrupt perjury, and upon conviction thereof shall be subject to the pains and penalties attached to such crime by the laws of the State of Indiana.

SEC. 12. Any clerk of any Circuit Court in the State of Indiana who shall issue a certificate to any person to practice medicine, midwifery and surgery, who shall not have complied with the foregoing provisions of this Act, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be imprisoned in the county jail not less than ten days nor more than six months, and fined in any sum not less than ten dollars nor more than one hundred dollars, in the discretion of the court.

SEC. 13. Whereas there is an emergency existing for the immediate taking effect of this Act, therefore, the same shall be in force from and after its passage.

The Late Dr. G. B. Wood.

Resolutions of respect have been passed in reference to the death of this eminent physician, by the various learned bodies to which he belonged. From those of the College of Physicians we extract the following, relating to his intellectual and personal character:—

* * * "He was not only a memorable example of high moral worth and refinement, but also of patient, persevering and well-directed industry. His mental characteristic was not genius, properly so-called; but he possessed capacity of a high order, and had a methodical and mechanical mind, a striking feature of which was its strong, masculine common sense. With this was united the greatest, perhaps, of all talents, steady and unwearied application. It is no doubt true that the man is yet unborn who duly weighs an hour, but Dr. Wood made a much nearer approach to that estimate than is done by most others; diligently improving the fleeting moment, 'having wisdom with each studious year,' and always seeking to benefit mankind by lessening the sum of human suffering and increasing the resources and extent of professional skill. It was a rule of his life, not only to be always busily employed, but to be always usefully so.

Resolved, That these and many other attributes of person, heart and mind made him emphatically a representative man—one to whom all willingly accorded primacy of merit and position, with fullest confidence in his rectitude, wisdom, knowledge, zeal and ability. He was an able, ready, dignified and impartial presiding officer, both of the College and other bodies; a skillful and sagacious physician; a learned professor; an eloquent and instructive lecturer; an eminent author, whose works have contributed greatly to the advancement of medical science; a munificent patron of the profession which he loved; a wise and prudent counsellor; and, withal, a warm and unwavering friend. Seldom has there been found in one person such an assemblage of qualities, fitting their possessor to be a leader of men, and causing him to be regarded *ante alios omnes præstantissimus*."

Dr. Wood's will contains provision for a bequest of $75,000 to the University Hospital, on condition that the managers of the hospital shall provide and maintain a special ward, to be called the "Peter Hahn ward," in memory of Dr. Wood's father-in-law.

National Board of Health Organized.

The first regular meeting of the National Board of Health was held at the State Department, Washington, April 2d. All the members were present, except Dr. Bowditch, of Boston. A permanent organization was effected by the election of a President, Vice-President, and a Secretary. Dr. James L. Cabell, of Virginia, was chosen President; Surgeon John S. Billings, U. S. A., vice-President, and Medical Director Thomas J. Turner, U. S. N., Secretary. An executive committee was elected, as follows: Dr. Cabell, Surgeon Billings, Medical Director Turner, Dr. Stephen Smith, of New York, and Surgeon P. H. Bailhache, of the Marine Hospital. Rules and regulations for governing their meetings were then adopted, and the meeting adjourned.

Yellow Fever Threatenings.

A correspondent of a New York daily, writing from Mississippi, states that a return of the yellow fever the coming summer is generally expected. He says that in Vicksburg there have been sporadic cases of the fever all winter; that nothing whatever has been done to improve the sanitary condition of that city, and that already people are beginning to take the alarm and to make preparations to flee from the place. If this is true, what right will the citizens of that city have to appeal for aid next summer?

Homœopathic Statistics.

The reckless disregard of truth, or else the profound ignorance, of homœopathic writers, may be judged from some statistics in a late pamphlet on diphtheria, by Dr. Wm. Morgan, a homœopathist, of London. We find it there stated that in diphtheria 70 per cent. die under allopathic treatment, while 15 per cent. succumb under homœopathic treatment. In yellow fever the proportions are 65 and 3 per cent. respectively; in smallpox 24 and 8 per cent. respectively, and so on.

These bald assertions are made without an effort to prove them.

Pharmaceutical Novelties—Rubber Plasters.

Plasters spread on rubber sheeting have been found the best of any for practical use. We have recently received some of these, manufactured by the firm of Seabury & Johnson, London and New York, and after careful inspection and some use of them, can speak of them in terms of high praise, for carefulness in manufacture and efficiency of result. Messrs. S. & J. deal in india rubber, medicinal, porous, isinglass, mustard, corn, bunion, court and surgical plasters, lint, oiled silk, gutta percha tissue, Lister's antiseptic and every variety of surgical dressings.

—Mrs. Rebecca Anderson, aged 111 years, died in Shelbyville, Ind., on Sunday, March 30th.

Personal.

—Frank Woodbury, M.D., has removed to No. 218 South Sixteenth street, first door below Walnut street.

—Dr. Benjamin B. Wilson, of this city, performed, on March 15th, his fiftieth operation for ovariotomy. Of these fifty cases, three-fourths have been entirely successful.

—Professor Samuel Philip Sadtler has been elected to the Chair of Chemistry in the College of Pharmacy, in Philadelphia, to succeed Professor Robert Bridges, resigned.

—The Trustees and Faculty of Rush Medical College, Chicago, Ill., announce the establishment in that Institution of a Professorship of Gynæcology, and that Prof. Wm. H. Byford, A.M., M.D., of Chicago, has accepted the appointment to fill the new chair.

—Prof. Moleschott, the eminent Dutch physiologist, was invited to Italy, at the instance of Count Cavour—that far-seeing and indefatigable laborer for his country's good—and after eighteen years of brilliant and successful tuition in Turin, is now transferred to Rome.

Items.

—The thirty-fourth annual meeting of the Ohio State Medical Society takes place in Dayton, commencing June 3d, at 2 o'clock P.M.

—Dr. C. R. Gorman died at Pittston, April 3d. He was a well-known politician, and had served two terms in the State Legislature. He was one of the oldest Masons in the county.

—Dr. Charles F. Deshler, Secretary of the New Jersey State Sanitary Association, and a prominent physician of Hightstown, N. J., died on the 31st ult., of scarlet fever, contracted in the performance of his professional duties.

—Scarlet fever and diphtheria are still very prevalent in New York city. During the month of March there was a slight increase in the number of cases of scarlet fever reported, while the cases of diphtheria have neither increased nor diminished. About 800 cases of scarlet fever occurred in the month.

—Dr. Sales-Girons, the well-known writer and hydrological practitioner, recently died, at the age of seventy-one, from the effects of adynamic pneumonia. Having had the editorship of the *Révue Médicale* since 1849, he has constantly and ably employed it in developing the doctrines of animism, and has frequently proved a powerful opponent of the materialist views of the Paris School of Medicine.

—The dailies state that two Chinese lepers, picked up in the slums of Chinatown, San Francisco, will be brought east in a few weeks, exhibited in Boston, New York, this city and other places, and set down on the steps of the Capitol at Washington before Congress shall have adjourned. Thomas Bates and Dr. C. C. O'Donnell are the persons who will thus put the Atlantic coast people through a course of instruction in the matter of Chinese immigrants. The plot is a shallow one.

QUERIES AND REPLIES.

Dr. S. E. J.—"Is there such a disease as "scarlet rash," separate from scarlatina (or not in connection with scarlatina)?"

Ans.—The two words are synonyms for the same disease.

Dr. D. N. McB., of O.—We do not know the nostrum you speak of, for epilepsy. All the secret remedies for this disease, probably, are combinations of the bromides, variously disguised.

A Correspondent replies to "W. W. S., of Indiana," advising the use of kerosene oil, both as a gargle and spray, in follicular laryngitis. He has derived benefit from it in severe cases.

Stimulus.—Tarragona wine was issued to the Federal troops during the war. It is similar to a low grade of port. At present we do not think it is imported; at least, we have not been able to learn where it is to be had.

Orient.—The plague was in Moscow in 1770–71.

MARRIAGES.

BIXBY—COLLINS.—On December 25th, 1878, by Rev. J. S. Boyd, Dr. G. W. Bixby and Miss Anna Collins, all of Adair Co., Mo.

COCHRAN—HART.—At the house of the bride's father, near Andover, N. J., on March 6th, by Rev. A. Craig, Clarence F. Cochran, M.D., of Linden, Mich., and Sarah Cecelia Hart, daughter of Wm. H. Hart, Esq.

KELTON—DILLINGHAM.—In Philadelphia, on the 12th ult., by the Rev. George Dana Boardman, D.D., assisted by the Rev. J. M. Crowell, D.D., Allan C. Kelton, U. S. Marine Corps, and Laura, daughter of Dr. S. Dillingham.

RUSHMORE—MITCHELL.—On Wednesday, March 26th, by the Rev. R. S. Storrs, D.D., LL.D., John D. Rushmore, M.D., and Lillie L., daughter of Chauncey L. Mitchell, M.D., all of Brooklyn, N. Y.

STAVERS—PFEIFFER.—On the 10th ult., at the Second Presbyterian Church, Camden, N. J., by Rev. L. C. Baker, Pickering Stavers and Emma B., daughter of Dr. G. S. Frederick Pfeiffer, all of Camden.

WIGGINS—SHANNON.—At the residence of the bride's mother, Feb. 27th 1879, by Rev. John Gourley, S. L. Wiggins, M.D., and Miss Mary W. Shannon, both of Black Lick, Indiana county, Pa.

DEATHS.

BANES.—In this city, on the 23d ult., Carrie, wife of Dr. S. T. Banes, and daughter of Mary and the late Frederick Ellinger, aged 33 years.

CROOK.—In New York, on Saturday, March 22d, Dr. John T. Crook, late of San Francisco, Cal., in the 45th year of his age.

DAY.—On March 24th, Mrs. Emma Day, wife of Dr. D. C. Day, formerly of this city, now of Bolivar, Tenn.

ELY.—At Rochester, N. Y. March 27th, 1879, William W. Ely, M.D., LL.D.

HARRIS.—In this city, On Friday, March 28th, James M. Harris, M.D., D.D.S., in the 69th year of his age.

HARTSHORNE.—On the 31st ult., Anna, widow of Dr. Joseph Hartshorne, in her 88th year.

HELFENSTEIN.—In Norristown, Pa., on the 19th ult., Dr. Benjamin W. Helfenstein, in the 61st year of his age.

MAURY.—On the evening of April 1st, in the 35th year of her age, Katharine Margaret Preston, wife of Francis F. Maury, M.D., and daughter of Charles Ingersoll, Esq.

MINOR.—On Sunday evening, March 23d, of pneumonia, James Monroe Minor, M.D., of Fredericksburg, Va., late Passed Assistant Surgeon in the United States Navy, in the 64th year of his age.

THE

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Communications.

"WATERPROOF PAPER."

A NEW PREPARATION TO TAKE THE PLACE OF OILED SILK AND SIMILAR ARTICLES.

BY W. W. KEEN, M.D.,

Surgeon to St. Mary's Hospital, Philadelphia.

Some years since I introduced into St. Mary's Hospital the use of waxed paper as a substitute for oiled silk. We have made it in the hospital ever since, and it has served its purpose in part. It is certainly a very cheap substitute, but it tears readily, cracks when folded, absorbs the moisture of the dressings or discharges, is not, therefore, waterproof, and is too thick and clumsy. In the antiseptic dressings, of course, it is valueless. I have tried a number of other papers, prepared with paraffine, varnish, etc., but they have all been unsatisfactory—the paraffine paper being, however, the best of all. The successful combinations of rubber with various substances in plasters lately suggested to me the combination of rubber and paraffine for paper dressings. Accordingly I wrote to Messrs. Seabury & Johnson, of New York, and requested them to prepare some samples of such paper for me to try. They promptly did so, and I now submit the results.* If further practical use of the "waterproof paper" confirms the advantages shown by my experiments and trials thus far, I think we have now a very *cheap* and very *efficient*, and in some respects a *superior* substitute for oiled silk; especially is this so for hospital use, where economy is of so much importance and the cost of oiled silk so great.

* The paper can be had of Wyeth & Bro., in this city.

I have carefully compared the following articles:—

1. Waterproof paper,
2. Oiled silk,
3. Oiled muslin,
4. Taffeta oiled silk,
5. Paraffine paper,
6. Waxed paper,
7. Gutta percha tissue, as to

(*A*) Permeability to water and air.
(*B*) Effects of heat.
(*C*) Mechanical fitness.
(*D*) Cost per square yard.

(*A*) *Permeability to water and air.* This I tested first, by making a funnel, filling it with water, and seeing how soon the water filtered through.

1. Waterproof paper. After 72 hours not a drop had passed through. To test it still more thoroughly, I took a piece of the paper, crushed it up in a ball, unrolled the creased and apparently cracked paper, repeated this crushing four times, and then tested it as before. It was just as satisfactory. The rubber preserved the integrity of the paper at the creases, and not a drop filtered through during a test of 48 hours. While floating on water at 153° (see below) a piece of the paper was quickly taken out and folded into a funnel, with marked creases, and filled with the hot water (153°). None had filtered through after a six hours' test.

It will be noticed that it is not only waterproof, but does not *absorb* any fluid. The advantages from non-absorption of discharges, whether sweet or foul, need only be stated.

To test its permeability as to *air*, I placed a sheet of the paper close before a candle, and

directed a strong current of air against the paper by the mouth, by a syringe, and by a Politzer air bag. When the effect of currents from the air which escaped around the edges of the paper was obviated the candle flame was not affected. The same result was obtained after alternately crushing the paper and unrolling it three times, showing that no appreciable mechanical break had occurred.

2. Oiled silk. Water filtered through within less than half an hour. The silk was of the best quality, freshly bought, and folded carefully, so as not to break it in making the funnel.

3. Oiled muslin. Filtered through in ten minutes.

4. Taffeta oiled silk. Filtered through in an hour.

5. Paraffine paper. Filtered through in one and a half hours.

6. Waxed paper. Filtered through in twenty minutes. If carelessly folded, so that it broke at the creases, the water filtered through at once.

7. Gutta percha tissue. After forty-eight hours no water had filtered through.

(*B*) *Effects of heat.* This I tested by filling a tin pan with water to the depth of $2\frac{1}{2}$ inches, placing in it a thermometer (Fahr.) and raising the temperature by an alcohol lamp, gradually, from 70° up to 170°, while pieces of the various substances floated on top. The lamp was constantly moved about, so as to avoid heating the water unequally at various points. Every minute or two these floating pieces were tested, by pinching them up in a mass, to see if their surfaces adhered; if they did so, they were removed quickly from the water (a process which became naturally more advisable as the heat increased), and the folds separated, to see how firmly they adhered, or if they tore. Their cooling on removal from the water necessarily and quickly increased the adhesions.

1. Waterproof paper

At 143° began to stick loosely when pinched.

At 148° began to adhere tightly.

At 153° began to adhere so tightly as to tear when unfolded.

At 163° began to adhere to the hand, as the paraffine was beginning to melt.

2. Oiled silk. 3. Oiled muslin. 4. Taffeta oiled silk. All non-adhesive up to 170°. Not tested further.

5. Paraffine paper. Was wetted by the hot water; lost its consistency and tenacity. Adhered so as to tear at 145°.

6. Waxed paper

At 115° began to stick.

At 122° began to tear, and above this heat was useless.

7. Gutta percha tissue

At 102° began to adhere and to curl up at the edges.

At 109° adhered so as to be separated with difficulty.

At 112° shriveled up, adhered firmly, and was worthless.

In order to judge of the relative value of the dressings as coverings of poultices or other hot applications, I made some flaxseed poultices, as large as my hand, about $1\frac{1}{4}$ inches thick, inserted a thermometer (Fahr.) into them, and applied them to the inside of the forearm at various temperatures, with these results:—

A poultice below 115° felt too cold.

From 115°–125° felt warm.

From 125°–130° felt hot.

From 130°–135° felt very hot.

Above 135° became unbearable.

It will be seen, therefore, that gutta percha tissue, waxed paper and paraffine paper (as experience shows) are worthless as coverings for poultices, while all the rest will answer well. Experience only confirms also the excellent results attained by the waterproof paper for this purpose. It fulfills every indication.

(*C*) *Mechanical fitness.* The oiled silk in these respects is the best, being tough and yet pliable. Taffeta is too easily torn, and muslin is too stiff. The paper dressings of all kinds are rather easily torn, or if made of thick paper, they are too stiff. Made of manilla paper, they are flexible, yet strong, and do not tear so readily as when made of tissue paper. I am now having some Japanese rice paper prepared, which I hope will be strong, and yet pliable. But the waterproof paper has the advantage that if special suppleness is desired in any case, it can be crumpled and mashed into perfect flexibility without impairing its other good qualities.

For the Lister dressings I judge (for I have not yet so tried it) that it will do just as well as the Mackintosh cloth, and be vastly cheaper. The purpose of the Mackintosh is to exclude mechanically all communication between the outer air and the discharges. As this paper has no holes in it, even after repeated crushings, and so is impermeable to air, is also impermeable to water, and does not absorb it, it would seem to answer every indication.

(*D*) *Cost.* The relative cost of these articles is about as follows:—

Oiled silk, per square yard, $1.50.

Oiled muslin, 75 cents.

Taffeta oiled silk, 60 cents.

Gutta percha tissue, 60 cents.

Paraffine paper, 36x24 inches, about 1 cent.

Waxed paper, 36x24 inches, about 1 cent.

Waterproof paper will probably cost less than 2 cents. It may be much less when made in quantities, and with increased facilities.

Briefly stated, then, the advantages of waterproof paper are—

1. It is impermeable to water for 72 hours, at the least, even after being repeatedly creased and crumpled.

2. It is impermeable to air in similar conditions.

3. It does not absorb water or discharges.

4. It may be used with the hottest dressings that can be borne.

5. It is flexible and yet strong enough for all ordinary wear, especially as it will only be used once.

6. Its cost is many times less than that of other similar dressings.

EUONYMUS ATROPURPUREUS.

BY J. R. BLACK, M.D.,
Of Newark, O.

The mechanical inventor who originates a device that fills a general want is assured of a fortune, if not of fame; so, also, is the author or writer in therapy assured of some fame and less fortune by the introduction of an improved method for the removal of disease. Unfortunately, comparatively few writers seem to have an eye for the most crying wants of the profession or of the therapist. One writes because he is a medical teacher, and likes to advertise his school or himself; another is vain of his literary accomplishments and likes to display them; another desires to be regarded as a noted specialist, and so writes to draw patronage; a few write, and write only, when they have something really worth saying and worth reading. As to the filling up of books and journals, the general wants are little studied, and very seldom well met. Half our books are only reproductions, with slight variations, of each other, and the originality of many might be easily put in less than the compass of this journal. Not a little of what is deemed originality amounts to nothing more than novelties or eccentricities of opinion, of small or no value to any one, as they are not proved verities, but mere unwarrantable assumptions, vague speculations, or hasty and one-sided deductions. They often have no relevancy to the urgent needs of therapy, are spoken of by readers to-day and forgotten to-morrow, and thus, with slow, ever devious, stumbling steps, does medical science thread its labyrinthal way. I, you and he read medical writings, not for entertainment, not as a pastime, not as a needed prop to a fulsome self-glorification of our dignity as a profession, still less to know what a great personage Dr. A. or B. is; but in order to know if what we cannot do very well cannot be done better; if, in short, our failures cannot be turned into successes. The relation of rare and extraordinary instances of disease or of injury, and of operations for their relief, have an abstract interest to all, but to nineteen-twentieths of the profession not the slightest practical value. The ordinary practitioner may practice for half a century and never see the like of one of them; he may treasure up some surgical novelty or expedient, and not have an opportunity to put it in practice for a score of years. What he really needs, what he longs for, is the ability to subdue, to better advantage, some disease with which he is brought into daily contact, some disorders in which his success is far from commensurate to his ambition or desires. To learn how to avoid mortifying failures or indifferent success in every day duties, far more than how to meet extraordinary emergencies, is a much craved boon. There are many urgent wants for better methods in therapy, and when a person fills such a want, by at least an improved method, as did Dr. Sayre for joint phlegmasias and spinal curvatures, he is entitled to everlasting gratitude, and more substantial reward.

An ordinary, far less notable, and yet much more common want, was recently attempted to be filled by a Dr. Bundy, of California, by the recommendation of the cascara sagrado or rhamnus purshina, as a remedy for dyspepsia and habitual constipation. From not a little observation, I am convinced that the exaggerated statements about this agent in certain medical circles, not referring to the strife among pharmacists, do not arise so much from the merits of the article, but simply that it meets a common every day need a little better than most other known agents administered for a like purpose. When medical men are perplexed as to the need of a satisfactory remedy for a very common ailment, they are always thankful for suggestions, and it is upon this, far more than aught else, the momentary notoriety of the above article depends.

Having too often seen the errors and mistakes arising from our hasty opinions as to the power of a medicine over disease, and above all sedulously avoiding being influenced by the medical fashions of each decade—for such there are.

having their rise, fame and fall—I have been slow in publishing my observations in reference to one of the many agents long used by me—not in common use—as a remedy for certain forms of digestive derangement. I am incited to publication at this time by the commercial extortion and exaggerated fame of the recent California contribution to the materia medica, when all the time there is prepared, and before our eyes in every drug house, for many long years, an extract in almost every way superior to the cascara, for the same therapeutical purposes, and at a price within the reach of all. I, of course, allude to the fluid extract of the shrub at the head of this article. To not a few, the statement that in wahoo we have one of the best stomachic tonics and laxatives, or cathartics, according to the dose, of the materia medica, may appear somewhat new. In fact, the newness to others of my long time observations on this head was forcibly impressed upon me not long since, while speaking of the medical qualities of euonymus to an old and revered physician, who replied: "Why, I thought its qualities were mainly diuretic!" Well might such an idea exist as to its therapeutic quality, when the only disease for which it is recommended by the U. S. Dispensatory is dropsy. H. C. Wood does not mention it at all, nor does Pareira. Bartholow, in the half dozen lines devoted to euonymus, is the only author* who properly designates its properties and uses, though he leaves the reader to ascertain for himself the precise indications for its use.

Having prescribed euonymus almost daily for the last fifteen years, I have failed to see the evidence of its action as a diuretic. It is true that when administered quite freely, and it fails to act as a cathartic, which is very sure, a perceptible increase of the renal secretion may be sometimes observed, just as the same may be seen under like circumstances after any other purgative agent.

As I have been in the habit of prescribing euonymus almost exclusively for lingering disorders of the digestive organs, and in the form of the fluid extract, it is of its therapeutical effects under such circumstances that I am able to write understandingly. Taken in appropriate doses, the immediate effects are slightly stimulant, almost like an exhilarant, which may last from one to three or four hours. Not, be it understood, similar to alcoholic stimulation, but a far milder and more durable feeling of vigor—not succeeded by the reaction of depression. The effect is far more like a quick acting tonic. In thinking of this, however, I am at a loss to discern whether this subordinate effect is really the outcome of an enhanced exaltation of vital action, or whether the more potent effects of a proper dose, in slightly morbid states, may not arise from its virtues in freeing the *primæ viæ* of the depression of inaction, or from the presence of effete matters inimical to a buoyant life. Be this as it may, the heavy, languid depression, the indisposition to mental or muscular action, often disappear like magic, in certain morbid states of the digestive organs, under its influence.

Taken in doses of half a drachm to a drachm, according to individual susceptibility, before breakfast, the euonymus acts as a gastric tonic, cholagogue and mild cathartic, and usually within two hours after its administration. Its action is unattended by nausea, griping, or any debilitating influence. This is its effect, not in the stereotyped, vague expression, on some, but on those in whom there has been present a more or less lingering gastric, hepatic and intestinal torpor. Administered to subacute cases of functional inactivity of those parts, the dose sometimes has to be repeated every three or four hours before desirable action is reëstablished, when the effect is far more that of an active, frequently repeated cathartic. The stools indicate the large presence of bile, and of the feculent secretion of the intestinal follicles. It does not cause, like podophyllin, violent vermicular motions of the stomach and bowels, thereby producing nausea, griping, and large discharges of gelatinous mucus, through irritant action. It is preëminently the most unobjectionable of cathartics to overcome habitually loaded abdominal viscera, not, however, in acute exacerbations, but in those of a more lingering character. Especially is it of eminent service when, from a variety of causes, hepatic and intestinal torpor are conjoined. In these instances it should not, of course, be given more than once daily, and in amount sufficient to produce not more than one or two evacuations. Continued use does not habituate and blunt the system to its energy, consequently the dose does not require to be increased; in fact, as a rule, rather decreased.

For habitual constipation, two rules should be observed in its administration: first, to give only

*By the way, the "Ohio idea" is very general among the practical men of this section, that the physicians of the west are far more progressive and advanced in the practice of medicine than their more conservative brethren of the east, though in surgery the palm must be yielded to the latter; and that by and by the former will run the practice of medicine, just as they now do the Government.

enough to produce one or, at most, two evacuations per day; second, to order it to be taken with regularity at a certain time of each diurnal period. In the morning before breakfast is that usually preferred. The objects of these rules are to avoid begetting debility by over action, and to establish a habit of regular feculation. Of course, special indications require special combinations, of which nux vomica, in certain states of motory enervation, is an example; but for ordinary and simple cases the following is a convenient form:—

R. Ex. euonymi, fluid, f. ℥ iij
Syr. aurantii, f. ℥ j. M.

Sig.—One teaspoonful before breakfast.

If the debility and torpor are somewhat extreme, a dose may be taken before each meal, in which case half a teaspoonful is almost always amply sufficient.

From careful comparison, the euonymus has precisely the same therapeutic virtues as the so-called cascara sagrado, only decidedly more active, not only as a tonic, but as a corrector of hepatic languor and defective intestinal secretion. In large doses it is capable of a hydragogue effect, perhaps less distressing and prostrating than almost any other agent producing a like effect. It is here proper to remark that the fluid extracts in the market are of unequal strength. That of Parke, Davis & Co., for instance, prepared, apparently, from the bark of the tree, is only half the strength of that prepared by Wyeth & Co., extracted from the bark of the root. It is of the latter on which my observations are founded.

In summing up, it may be said that in euonymus we have an invaluable gastric tonic, mild cholagogue, pleasant laxative, or cathartic, according to the dose. It is admirably adapted for correcting deficient secretion and excretion of the intestinal follicles, for toning gastric atony of a non-inflammatory type, and for accelerating biliary outflow, and so ridding the system of the depressing effects of an almost habitual hydrocarbonaceous excess. It is not a diuretic, nor an alterative, any more than any remedy with similar gross effects is an alterative. It is not, as a rule, adapted to the treatment of acute, or even subacute diseases, but for many of the lingering forms it is simply invaluable; and to those who have long used the euonymus and its congeners, and know their great value, the enthusiasm of some as to the rhamnus purshina as a remedy of unique qualities provokes a smile at the poverty or backwardness of their therapeutical knowledge.

A TERRIBLE BURN AND ITS TREATMENT.

BY C. H. MERRICK, M.D.,
Of Canyonville, Oregon.

I think my recent experience with a severe case of burn will be of service to the profession. The morning after Christmas of last year, Simon Patchen, about fourteen years old, in some unaccountable manner, found his way out of a burning building, where he had been sleeping. In passing through the flames, and feeling his way down stairs, he was shockingly burned. I saw him about an hour after his escape. He was screaming with agony. Without stopping to examine the extent of his injuries, I immediately plastered him from head to foot with a thin poultice of ground slippery elm and pulverized charcoal. Relief from pain was almost instantaneous; so marked was this that I began to fear collapse and death.

This respite gave me time to think, and during the next twelve hours I endeavored to ascertain how badly my patient was burned. But it was not until the second or third day that I fully realized the extent of his injuries. I then made up my mind that the chances for recovery were exceedingly small. Looking at one of his hands, and planning as to what method to adopt in its amputation, I finally put it down, and said to myself: "Wait awhile. Death will soon end his sufferings." The boy was in a terrible condition, truly. With the exception of his chest and abdomen, and the inside of his thighs, he was burned all over. For more than a week I continued to apply the charcoal poultices. Gradually I substituted the ointment so much praised by Dr. A. D. Binkerd (see Medical and Surgical Reporter, July 9, 1870), using on parts of the body the glycerine and carbolic acid treatment.

Of course, every surgeon of experience knows that no uniform line of treatment can be followed in extensive burns. I need only mention the different articles I have employed, according as the circumstances demanded. I used chloral hydrate externally and internally with good effect. Belladonna, locally, quieted nervous spasmodic twitchings. Soda sulphas I found to be an excellent topical application, subduing inflammation, and, I think, repressing exuberant granulations. Permanganate of potassa washes were applied as a disinfectant. It is proper to caution the younger members of the profession in regard to carbolic acid. The tendency is to use a too strong solution. I am satisfied I committed that error once or twice in this case.

To those of your readers who may not have the number of the REPORTER referred to, I will state that an ointment made of beeswax, mutton tallow and linseed oil or glycerine, in such proportions as will secure a soft, pliable mixture, should ever be ready in the treatment of burns. Such an ointment forms the foundation of various other varieties likely to be wanted, such as the addition of tannin, bismuth, carbolic acid, belladonna, plumbi acetas, etc., will produce. Another caution: Resist the temptation to remove dressings unless they are perfectly free. Never use any force in their removal; rather allow them to slip off themselves, then apply immediately appropriate new dressings.

An attempt was made to use oakum, but owing to the coarse quality at hand the result was not satisfactory. I am inclined to believe, however, that finely carded oakum would be preferable to cotton in the treatment of suppurating surfaces.

My patient, now in the eleventh week, is nearly well, a narrow strip on his thigh being the only uncicatrized spot. His hands are thin and scrawny, but bid fair to be of service to him. It is no exaggeration to say that not one case in a thousand so badly burned ever escaped with life; and it is a wonder to all who saw the boy during the first week, that so few traces of shrinking and ugly deformity, the usual result of severe burns, remain.

CHLOROFORM IN CONVULSIONS OF INFANTS AND CHILDREN.

BY J. D. BLAKE, M.D.,

Of Baltimore, Md.

Certain it is, that we are called upon to treat few diseases that are more formidable or more fatal than convulsions of infants and children. The great number of deaths from convulsions, especially of infants, which we constantly find in all of our mortality returns, I think will bear witness to the above statement, for correctness. Not desiring, however, to enter to any great extent upon the question of the nature of the different types or forms of convulsions of early life, I shall content myself at this time with referring to the general opinion of pathologists of the present day, that by far the greatest proportion of infantile convulsions are sympathetic or functional merely. "The grand reason (says Dr. West) of their frequency is, no doubt, to be found in the preponderance or predominance of the spinal over the cerebral system in early life. Thus it is, that in a large majority of cases of convulsions we find the cause due to some morbific agent acting upon some distant excitant surface or part, as the teeth, stomach, bowels, etc., there being, as a rule, no organic lesions found after death." Consequently, in cases of infantile convulsions, particularly when of a sympathetic, reflex or eccentric type, after removing all traceable exciting source of irritation, and diminishing as far as possible any excess of vascular action in the nervous centres, physicians have generally proceeded to combat the disease, if it still persisted, with medicinal agents, that tended to reduce the super-irritability of the excito-motory system, or otherwise to restore it to a proper and healthy standard of action.

To fulfill this indication, preparations of different kinds have been used, such as chloral, bromide of potassium, the different preparations of opium, hyoscyamus, and other antispasmodics too numerous to mention. And yet, notwithstanding these and the long list of other preparations used and recommended by physicians, we are constantly called to cases of infantile convulsions over which these remedies seem to exert but little, if any, control; indeed, in a large number of cases we find it an impossibility to administer any medicine whatever, from the continued muscular jerking and spasm of the jaws. In such cases it is customary to look to the condition of the skin, bowels, head, etc.: thus we use enemata, warm baths, cold to the head if indicated, and sometimes when not. This is all that is left us to do, and this, in many instances, rather to relieve the great anxiety of the parents and relatives, than the condition of the patient. There is no doubt that there is a goodly number of cases relieved or moderated by such remedies as above spoken of. But these are not the cases of which I wish to speak at this time. It is of those cases which we find do not yield to such remedies; in other words, the chronic or subacute form of convulsions, which, on account of their duration, exhaust the little patient to such an extent as to prevent its recovery, even if it should outlive the convulsions.

In order that I may more fully explain myself, I shall relate a few cases, selected from fourteen, in which I have taken special note, and in which I have used chloroform with so much benefit to my little patients and satisfaction to myself.

CASE 1.—March 13th, 1877, I was called, about three P.M., to see a little son of Mr. K., eight months old. When I arrived at the home of my patient I found him in violent convulsions, affecting, at that time, both sides, at other times only one side. Upon inquiring, I was informed by the mother that Dr. I., their family physician, had

been called early in the day, and had prescribed for the patient, gave it an enema and a warm bath, after which he left, saying that the convulsions would soon cease. The Doctor was giving one-twelfth grain of calomel, with one grain of sugar, every half hour. In addition to this, he ordered potassium bromide and chloral, with tincture of hyoscyamus and syrup, to be given in half teaspoonful doses every hour, if the clenched teeth or convulsion did not prevent, which they did, consequently none of the medicine could be given. Finding the convulsions did not cease, the mother gave it a mustard bath, applied mustard to the spine, feet, hands, legs, etc. Notwithstanding all this the convulsions continued, more violent at times than at others. The patient at this time was bathed in perspiration; pulse so rapid that to count it was impossible: pupils dilated. Knowing that he was becoming rapidly exhausted, I immediately ordered half an ounce of Squibb's chloroform, which I allowed him to inhale from my handkerchief until he was perfectly relaxed and the convulsive movement had entirely ceased, which I do not think took more than two minutes from the time I commenced the inhalation. The pulse now became more regular and full, the breathing was calm and easy, and the child passed into a sweet sleep, from which it did not awake for thirty-six minutes, at which time I noticed a slight twitching of the muscles of the face and eye. I again applied the handkerchief, only allowing him to take an occasional whiff, when he again fell into a quiet sleep, and remained so for three-quarters of an hour. In the meantime Dr. I. arrived, and seemed somewhat surprised to find that his prescriptions had failed to relieve the child, but expressed satisfaction with the result of chloroform in the case. He said he had never used it in such cases, but thought he would in future when such cases presented themselves. I then resigned the patient to Dr. I., who told me next morning that he had no further trouble. The patient, he said, awoke much refreshed, took a little nourishment and went off to sleep again, from which he did not awake for two hours. He made a rapid recovery.

Case 2.—On the night of June 17th, 1878, I was summoned in great haste to see a fourteen months old daughter of Mr. L. B., who, I was informed upon arriving, had been in convulsions since early in the afternoon; their family physician, who was a homœopath, had used all of his remedies without benefit; in addition, the child had been put in a warm mustard bath, an enema had been given, the bowels had moved freely, it had vomited after an emetic had been given, and yet the convulsions continued, and at times very violent; so much so that the physician gave the case up as hopeless, saying it could not recover. I used chloroform here as in the other case, with almost equal success. The child having been placed thoroughly under the influence of the anæsthetic, I found the pupils, which were widely dilated, had contracted down almost to the normal condition; the pulse, which was thread-like and so quick that I could not count it, became full and much slower; the respiration became slower and more natural. In this case, however, I had to renew the inhalations three times, as the convulsive movements would return as the effect passed away. On the third application of the inhaler, however, the child remained asleep for more than an hour, when it awoke, with no return of the convulsions, took a little water, went off to sleep again, arousing two and a half hours later. With the exception of being restless and a little fretful, she made a rapid recovery. Now, there are many other cases that I might relate, but this I think will suffice to prove the efficacy of chloroform in such cases; and especially so, as all the usual remedies had been used without success.

There is another class of cases in which I think chloroform serves both to control the convulsive movements and aid materially in making our diagnosis. The following case will illustrate my meaning: I was called January 2d, about 1 o'clock, A.M., to see a nine-year-old son of Mr. L., who was taken with convulsions about midnight. The cause was unknown, as he had never had convulsions before. I ordered an enema, also a warm bath, in addition to one he had received before my arrival. The bowels moved freely; the convulsions continued without the slightest abatement; I could get nothing into his mouth. I ordered chloroform, which I used as before, always keeping up the inhalation until the convulsive movements ceased entirely. When this took place, however, in this patient, I had the satisfaction of seeing him become excessively nauseated, followed by copious vomiting. Upon examination of the matter vomited, I found it to contain large quantities of *peanuts*, pieces of candy, and undigested food, which the boy had obtained the evening before by visiting his grandparents without the knowledge of his parents. After the stomach was evacuated the boy had no more convulsions, but was able to get up and play around the next morning. Now, had I known the cause of the convulsions, or the contents of the stomach, I

know of no means by which I could have administered an emetic which would have acted so promptly, so easily and so satisfactorily as did the chloroform.

It is a well known fact that chloroform possesses the property of diminishing the power of the nerves in receiving and communicating, and of the brain in perceiving, sensation, whether arising from internal or external causes; it further arrests the reflex action of the spinal cord. This being its action, we do not think the day far distant when chloroform will be universally recognized as the remedy par excellence in convulsions of infants and children.

METEOROLOGY AND EPIDEMICS.

BY P. J. FARNSWORTH, M.D.,
Of Clinton, Iowa.

The meteorological element of epidemic disease has been frequently studied, but the data have not been sufficient, and its importance has not been well enough considered. This seems to me apparent in the reports and investigations in regard to yellow fever.

Malaria is generated by heat and moisture. It arises in low, marshy districts, and also in new countries, where a large amount of vegetation is decomposing under the influence of rains and continued heat. Marshes in hot weather breed the poison producing ague and intermittent fevers, and so, also, do the prairie and woodlands, under the influence of high temperature and frequent showers.

I have resided in the eastern part of the State of Iowa for the past fifteen years, and have, for the greater part of the time, kept a meteorological journal, and also noted prevailing diseases. The heated term occurs in July, and five or six of the years have been characterized by excessive heat. There are no marshes in the vicinity, and the malarial diseases seem to come from the other condition mentioned.

During the very hot and dry weather the health of the community is very good. The temperature moderates and there follows a showery season, sometimes a large rainfall, at others not copious, but frequent; malarial diseases then become prevalent, and are a factor in all the cases to which we are called. In 1866 the germs of cholera were added, and we had numerous cases in 1869. Typho-malarial fevers were very prevalent. In 1872 we had such conditions, and ague and intermittent fever, in a mild or severe form, attacked two-thirds of the people of the city. It prevailed over the State, and in many places was complicated with typhoid.

The summer following (1873) the same atmospheric conditions were present, and malarial and typho-malarial fevers prevailed, but not in so marked a degree as in the previous season. There then followed some cool summers, and we had no epidemic of malarial fever until the season of 1878. July was characterized by extreme heat, followed by a dry month of August. Malarial fevers, of a mild type, were very prevalent during that month and part of September.

Prof. Henrichs, of the State University, has an organized system of weather reports from some seventy stations in different parts of the State, which showed a very unequal distribution of the rainfall. In some parts of the State it was excessive. Some circulars were addressed to physicians at the weather stations, inquiring of them about prevailing diseases during the months of July, August and September. July was a very healthy month, but August and part of September showed a general prevalence of ague, intermittent and typho-malarial fever. The drier portions of the State suffered equally, evidently because the atmosphere in other portions was largely contaminated with the germs of malaria, which extended. In places where sanitary conditions were bad, diarrhœa, dysentery and typho-malarial fevers were reported. The summer complaints of children do not seem to be governed by these atmospheric conditions to any great extent.

As a rule, in the State, a general depression of temperature follows toward the last of August, which in ten years out of fifteen has culminated in a frost at the end of the month, or during the first week of September; if this is followed by continued lower temperature the epidemic of malarial fever ceases. If the temperature rises the fevers increase, and are not checked until the next cold wave, which comes during the third week of October. In this vicinity we had a slight frost during the last week of August, which put an end to our cases of intermittent, which did not again appear, as the temperature continued moderate. In the season of 1869 there was no frost in August or September, and our severe epidemic of typho-malarial fever continued until the last of October.

The inferences are that extreme hot and dry weather is healthful, but moisture added, engenders epidemics of malarial fever, which are checked by the appearance of frost. If with this intermittent type there is introduced a germ of typhoid, or a poison producing diarrhœa or

dysentery, we have a more virulent element added to the prevailing epidemic. That in the area of a State, or perhaps several, if the malarial influence springs up in a part, it affects all the adjacent territory.

In examining the reports from the countries where yellow fever prevailed this season, we find that June and July were unusually hot months, with rainfall, especially in July and August. Intermittent fever prevailed in a very severe form; yellow fever was brought from abroad and was added to the prevalent epidemic, just as in some seasons typhoid comes in with us to complicate or make our epidemic typho-malarial. At the south the heat and rainfall began early and made the country soon ready for the planting and growth of the terrible complication. The atmospheric conditions continued late, there being no frost or cold until November, to check its progress.

We had no yellow fever in this latitude, because it did not travel fast enough to reach us before the frost came to check the epidemic that made a ground on which to plant the disease. In 1855 I witnessed the advent of yellow fever into one of the cities of central Mississippi. The season for several months had been hot and dry: in August there was a heavy rain; many cases of intermittent fever followed; soon people came flying from New Orleans, and other infected districts, and the fever assumed a new and malignant type, which was soon pronounced yellow fever in earnest. This terminated with the first frost, which came the first week in October. There was the usual mortality while it continued.

It is probable that sanitary measures may prevent the introduction of a typhoid element into our epidemics, but wide areas of uncultivated lands, and even the cultivated fields, where such atmospheric conditions arise, yield the germs of malarial fever, that cannot be suppressed or avoided.

The commission appointed to investigate yellow fever reported, what was undoubtedly correct, that rigid quarantine would keep it out; sanitary measures would modify its virulence, and might also prevent the malignancy of the prevailing intermittent and the superinduction of typhoid or other kindred poisons. To make their report complete, the meteorological element should be taken into account, and sanitary means and prophylaxis should be used against the malarial epidemic, and this, with quarantine, might not only prevent the spread of yellow fever, but also greatly modify the usual summer sickness and mortality in those States.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA.

REPORTED BY FRANK WOODBURY, M.D.

Cases Illustrating the Principal Varieties of Bright's Disease. Differential Diagnosis, Complications, Pathology, and Treatment.

Gentlemen:—It happens that there have been, of late, an unusually large number of cases of renal disorder in the wards, some of which will fairly illustrate the characteristic features of the ordinary varieties of Bright's disease of the kidneys. I thought it well to have several of these patients brought before you this morning, in order to devote the hour to considering and contrasting their clinical features; and in conclusion, I hope to deduce some general principles that will serve to guide you hereafter in the treatment of these disorders, and aid you to a marked extent in warding off their evil consequences.

Acute Tubal Nephritis.

Here is the first case to which I will call your attention:—

Peter McA., born in Ireland, a waiter, 40 years of age; was admitted two months ago, suffering with ascites and general œdema, which had followed exposure to cold and wet about four weeks before. He had been previously well; in truth, he had always considered himself a healthy man; he is of temperate habits, and never contracted venereal disorder. He lost his parents early; one brother died of consumption. In the present illness the first symptom noticeable was swelling of the ankles, which was accompanied by loss of strength. Questioned upon this point, he says that he believes he did not pass as much urine as he had previously, and at times he noticed that it was dark colored. We have no evidence of his ever having had hematuria. Upon admission, it was found that he had difficulty in breathing, amounting at times to orthopnœa, and there was a small pleural effusion. The legs were very much swollen; the abdomen greatly enlarged; the face was pale and puffy. His urine was loaded with albumen, and contained an abundance of pale epithelial and hyaline casts, the daily excretion being only one pint and a half.

It is unnecessary that I should detail to you his progress, step by step, or dwell further upon the early history of the case. Suffice it to say that the fluid in the peritoneal cavity, the effusion in the chest, and the œdema of the legs, have all disappeared under treatment. It was a case, then, of general dropsy, following exposure to cold. So general was the dropsy that in addition to the ascites and œdema of the chest walls, there was an effusion in the left pleura, and the physical signs also indicated some excess of fluid in the pericardium. The heart was acting irregularly, losing a beat in every three or four; the apex impulse appeared in the sixth intercostal space; the first sound was muffled and replaced at the apex by a moderately harsh systolic murmur.

He was put upon a pill of squill and digitalis, which was shortly discontinued, and digitalis given alone, in the form of infusion, until, as you

see, the œdema gradually but completely passed away. There is no longer any effusion in the abdomen, no longer swelling of the general surface or of the extremities; no longer any amount of fluid in the pleura or pericardial sac. The urine I now show you. It is pale, nearly clear. Trying the nitric acid test—in the manner we generally resort to in this hospital, of dropping the fluid slowly down the side of the test tube upon the nitric acid; if any albumen be present, an opaque white ring is seen to cover the surface of the acid; this is the most delicate test with which I am acquainted—you observe the thin layer of coagulated albumen which is here, in small amount. We, therefore, say that our patient is still passing albumen with the urine, but only in a moderate quantity. Small tube casts are still found, containing epithelium, and only slightly, if at all, granular.

I will now complete the record by an examination of the lungs and the liver, which will enable you to compare his present condition with the notes you have already taken of his previous condition. As I stated that there had been some evidence of effusion in the pleura and pericardium, I will now investigate this question by percussion and auscultation, or physical examination.

As regards the heart, the first sound is distinct, not muffled, though it still occasionally intermits; just what I find, from the notes, has existed from the first, that is all. Concerning the lungs, the percussion note is resonant, anteriorly and posteriorly, on both sides. I find that there is a slight friction sound under the *right* scapula, not on the left; it may be from a former attack of pleurisy. There is no present effusion. The liver extends one inch below the border of the ribs, but no ascites remains. He now passes water freely, under the use of digitalis and belladonna, which he has been taking for some time.

Let us now proceed to inquire what is the pathology and prognosis of this case? and, secondly, what modification shall we make, if any, in the treatment?

I show him to you as one of the most typical cases of acute Bright's disease of the kidney that could be found, though now almost entirely recovered. When you look upon this case, you see a man who, though apparently in full health, had naturally not much power of resistance to disease; a weakness that we conclude was inherited, for a brother died with consumption, and his parents were not long-lived. We find such a system exposed to cold and wet. Following this the kidneys are disordered in their function, the legs swollen, general œdema appears, with effusion into the great cavities of the body; in short, we have an attack of Bright's disease following exposure; acute, desquamative, tubal nephritis; the same form of renal disorder that is observed to follow scarlet fever. However, in the latter case, you have not necessarily the same accident of exposure to cold; the morbid process in the kidney is part of the clinical history of the disease; here, on the contrary, you have heard a plain statement of a competent cause, in the exposure, followed by a general œdema, with thoracic and abdominal effusion. Indeed, you might make a correct diagnosis from a study of the dropsy alone, but the nature of the disorder is established by an examination of the urine. When first tested it was loaded with albumen—that is the expression, loaded with albumen—and full of tube casts, which were covered with epithelium. There is nothing said here in the notes about the existence of blood cells, which generally accompany the acute stage; perhaps they escaped observation; or had passed away by the time he came under observation.

By the treatment with digitalis and occasional purging, he has recovered. I shall not, just at present, discuss the principles of treatment, as I have a group of cases to show you, and think that you will better understand the theory after you have had an opportunity of contrasting this with the others, when the differences in the treatment will be pointed out and explained.

Shall any change be made in the present case? We shall stop the belladonna, and reduce the digitalis to ten minims of the tincture, three times daily. He shall also have twenty drops of the tincture of iron after meals. Improve the diet, and give him nourishing though plain food, with exercise when the weather is favorable, seeing that he is well protected by proper clothing. This, then, was a case of acute Bright's disease in the stage of convalescence.

Chronic Bright's Disease—Chronic Tubal Nephritis.

This patient's name is Edward C., occupying bed No. 17, of the men's medical ward. He is a salesman. His family history is not very good; his mother died of consumption; and a sister is subject to the same disease. After visiting a malarial region, he had chills and fever, and subsequently was accidentally salivated with mercury. After his return to Philadelphia he was occasionally troubled with constipation, but he had no trouble in urination, except that he had been accustomed for a long time to rise once or twice at night to empty the bladder. After exposure to bad weather, he had some dyspnœa, and nausea, and swelling of the ankles after walking, just as in the preceding case. In this condition he was admitted, a few days ago. His face was pale and waxy. The legs—if we may be permitted to use such a metaphor in speaking of these unwieldy supports—are immensely swollen. I could not present to you a better illustration of what we mean by œdema than you find in these ankles. The hands also have been swollen, and there was some puffiness around the eyes, but very much less than you would expect from the amount of swelling we observe below. As you notice, only a small degree of ascites exists.

What is the condition of the urine accompanying such a state of dropsy? He passes four and one-half pints in the twenty-four hours; therefore an increased amount of urine is discharged. I will proceed to examine the urine before you, as in the preceding case, with nitric acid. Here is the very distinct albuminous ring. The amount of albumen here, not only from this test, but from other examinations, we have found to be very decided. You see a very large, cloudy deposit above the clear nitric acid; a considerable amount, therefore, exists in the urine. Examin-

ation by the microscope reveals granular casts, as in the preceding case; some blood corpuscles are also present, and a few leucocytes or white corpuscles.

We will now examine other points in the case. The impulse of the heart is strong and extended; the percussion dullness is large, but not extraordinarily increased; the first sound is dull, but distinct, somewhat weighty. The vessels of the neck can be seen to throb, therefore there is some evidence of over action of the heart; we could almost say, from this examination alone, that there is beginning cardiac enlargement or hypertrophy, but without valvular disease.

The lungs are clear on percussion; there exists neither pulmonary œdema, nor pleural effusion. I have told you that the amount of ascites is very moderate.

Now, what is the matter with this patient? Here we have a case that fits in very well with the preceding. This, too, is a case of Bright's disease, for only in the kidney can we find the cause of such dropsy as we see here. As we discussed the points, it became evident that we have here a subject in which acute Bright's disease is passing into the chronic form, that of chronic tubal nephritis. Like the first patient, the symptoms here came on after exposure to cold and wet, in a person exposed to malaria and predisposed to consumption. But the symptoms are not those accompanying what we generally call a cold, but the chilling of the skin produced a congestion of the kidneys, which passed into a state of inflammation and denudation of the tubules by causing degeneration and exfoliation of the epithelium, the loss of albumen producing the amount of anæmia which is here present. From the granular character of the cells passed from the kidney we know that there is no longer such an acute affection as we saw in the former patient; yet I do not think that the kidneys have been sufficiently damaged to make us despair of restoring them to a comparatively healthy condition.

We give him—

℞. Tr. ferri chloridi, gtts.xxx.

well diluted, thrice daily, with a nourishing diet, beef tea, eggs and milk, the latter forming the greater part of his diet. He has not been placed upon digitalis; the urine being very copious, I have not thought it necessary to give him any diuretic. In addition to the treatment just laid down, I will order him a drachm of fluid extract of ergot, morning and evening, for reasons which I will give you hereafter.

Chronic Tubal Nephritis, with Uræmia—Treatment of the Complication.

Daniel G., 18 years of age, driver. Here is another interesting case of kidney disorder, which, two years ago, was under my care for this same affection. The notes are lengthy, so I shall not read them, as I am familiar with the general history and main points of the case. He improved very materially, I find, from ergot and the tincture of iron; very much the same treatment that we have just ordered for the previous patient. When he left us he had still some albuminuria, but as he had regained flesh and strength he was anxious to return to his work.

After his discharge he enjoyed good health until five weeks before admission. Then he noticed swelling of his ankles and abdomen, but kept at his work until the swelling and prostration led him back to the hospital. Upon admission, we found him suffering with general œdema. His urine had sp. gr. 1.015, and—please note this—contained a large amount of albumen, with granular epithelial casts. The daily amount of urine was about one pint. Under the treatment he has again improved; he passes more urine, but the casts persist, and the albumen continues in considerable quantity. This is a short statement of a history extending over six months; but I do not wish to detain him very long, as he is too sick. He feels drowsy this morning; he has headache, and has been vomiting. His pupils are large; they react to light, but they respond slowly. The temperature taken this morning was normal, but it shall be observed again during the day. His pulse is 72. You see how dull he is, how drowsy; his face is slightly flushed, from the vomiting, and yet he has what may be described as a clean tongue. He has been passing five pints of urine in the twenty-four hours, but he is not voiding as much to-day; we shall have it measured, to notice the deviation. His bowels are rather loose.

Now, what is this? If he had chronic tubal nephritis when he was under treatment two years ago, it is a case like the former, except that we have now acute symptoms grafted upon a chronic condition. But there are certain symptoms here that belong to a different form of renal disease. What does this headache, dullness, dilated pupils, vomiting and diarrhœa all mean? These are the symptoms of incipient uræmic poisoning. When you have a case of Bright's disease attacked with persistent vomiting, with a clean tongue, and the features just described, it should put you on your guard against blood poisoning, which is threatening and partly developed.

You may say, "I do not understand this. He is said to be passing five pints of urine, and I have been led by the books to believe that when the secretion is free there cannot be uræmic poisoning!" But my observation has been such as to teach me that this view is erroneous.

It is true, as a rule, that you will have scanty urine, but there are many exceptions, and here is one before you. How prove it? An accurate chemical examination will show that the amount of urea and other salts is very much diminished, while the water continues free and relatively increased. The irritation produced by these salts retained in the blood may occur while the quantity of the fluid is kept up. Whether the urea undergoes decomposition into ammonia, and in this way causes the blood change, or the urea itself causes these symptoms, is not for us to inquire into this morning; it is sufficient for us to know that they are present, and call for prompt treatment. He shall take—

℞. Acid benzoic, gr.xx
Syr. tolutani, ʒj. M.

To be given, largely diluted with water, every third hour.

He is to be freely purged; we will give him one drop of croton oil, made up in a pill, to be repeated if the first does not act freely. He shall also have a warm bath, or, if he is too weak, he shall take a vapor bath in bed, by means of hot bricks wrapped in damp towels. The steam will encourage the skin to act freely. We have thus endeavered to stimulate the emunctories, work the bowels by the oil and the skin by the vapor. Why give benzoic acid? Why select this in preference to any other acid (although almost any acid would not make a bad prescription), for counteracting the tendency to uræmic convulsions and coma? The benzoic acid prevents, particularly, the accumulation of the urinary salts in the blood; it is a diuretic in the sense that it influences the excretion of solid material. What did I tell you a few moments ago? That the secreting cells are clogged up while the water is given off. It not only purges the kidneys, excreting the solid constituents which are being retained, but it also, as an acid, prevents the decomposition of these substances which are accumulating in the blood and threatening life.

I am very sorry that I cannot have the time to finish my lecture this morning. As my time is almost up, I will merely show you another case and defer my concluding remarks until the next lecture.

Chronic Tubal Nephritis and Fatty Kidney—Retinitis Albuminurica.

Theodore J., twenty-six years old, inherits a tendency to kidney disease; his father has kidney trouble, and his mother has dropsy. He has had malaria, and has been in poor health for several years; indeed, at ten years of age he had swelling of the feet, lasting a month. He never had scarlet fever, but had typhoid two years ago, and has not felt well since. He has had several attacks of headache, dyspnœa and dropsy, and has not been able to work for six months, although not confined to bed. After an unusually severe attack he came into the wards. He was then weak, and his face was anæmic and puffy, especially about the eyes. His ankles were also swelled, but he had not so much dropsy as the other patients had. The urine had specific gravity 1.010, colorless, and contained less than one-quarter albumen, with hyaline and fatty casts. The quantity varied, after taking Basham's mixture for a few days it was increased to six pints.

As there was some impairment of sight, an examination was made, with the following result: "Eye-ground pale; border of disk indistinct in both eyes. Numerous, highly refractive, white spots on the retina, near the maculæ." He has the condition known as "albuminuric retinitis." This is all the more remarkable, because he does not complain very much of his eyes, and says his sight is pretty good.

The patient has had dropsy for several years; he shows albuminuric retinitis; his urine is passed in large quantity, but of low specific gravity, and containing albumen.

What is the matter here? He has the fatty kidney of chronic tubal nephritis, with commencing fatty degeneration. But these cases I will consider in my next lecture, when I will make some observations upon the different forms of disease commonly included under the specific title of Bright's disease of the kidneys.

(To be Continued.)

Editorial Department.

Periscope.

Action of Remedies on the Liver.

Dr. William Rutherford, of the University of Edinburgh, assisted by M. Vignal and Dr. William J. Dodds, has for some time past been examining, by scientific methods, the effects produced on the liver and the biliary secretion of the dog by a long series of drugs. The investigation has been assisted by a grant from the British Medical Association, and a lengthy and interesting report has been published in recent numbers of the British *Medical Journal*. The following short account is founded on the summary of results published in No. 945. The authors state carefully that "all the conclusions are based on experiments performed on the dog, and have no reference to any observations made on the human subject." But in the few cases in which the results thus obtained have been relied on in suggesting experiments on men, the results seem to be trustworthy, and much light is thrown on the comparative action of remedies. It is impossible to avoid much disagreeable repetition in reports of this kind, but attempts have been made, by classification, to reduce this as much as possible.

Calomel stimulates the intestinal glands, but not the liver. Mercuric chloride is a powerful hepatic stimulant, and has only a feeble action on the intestinal secretion. When administered together the liver and intestinal glands are both excited.

Castor oil does not stimulate the liver, and croton oil does so but slightly. Both excite the intestinal glands.

Jalap is a powerful hepatic and intestinal stimulant; scammony very feebly excites the liver; gamboge stimulates the intestinal glands only.

Colocynth and ipecacuanha both largely increase the secretion of bile. Ipecacuanha slightly augments the secretion of intestinal mucus, while colocynth powerfully excites the intestinal glands.

Taraxacum and senna are both feeble hepatic stimulants. Rhubarb increases the secretion of bile—certainly, though not largely; aloes is a powerful stimulant of the liver.

Podophyllin is "a very powerful stimulant of

the liver," the bile secreted under its action retaining its normal percentage of solids. If the dose be too large, the secretion of bile is not increased. It is also a powerful intestinal irritant. Euonymin, sanguinarin, and iridin are all powerful hepatic stimulants, and they also increase the intestinal secretion, but not so violently as podophyllin. Leptandrin, baptisin, phytolaccin, hydrastin, and juglandin have similar but milder effects. Menispermin slightly stimulates the intestinal glands, but not the liver.

Magnesium sulphate and manganese sulphate stimulate the intestines, but not the liver; sodium sulphate has a considerable effect on the liver, and a lesser one on the intestinal glands; potassium sulphate is a hepatic and intestinal stimulant of considerable power, though its effect on the liver is uncertain, owing, probably, to its sparing solubility.

Sodium phosphate is a powerful hepatic and moderately powerful intestinal stimulant; ammonium phosphate is a moderately powerful stimulant of the liver, but does not excite the intestinal glands; Rochelle salt is a feeble hepatic, but a powerful intestinal stimulant.

Dilute nitro-hydrochloric acid is a hepatic stimulant of considerable power; sodium chloride is a feeble stimulant of the liver; ammonium chloride excites the intestinal glands, but not the liver. Potassium iodide has no notable effect on the biliary secretion.

Calabar bean, in moderate doses, stimulates the liver; atropine sulphate antagonizes its effect, but when given alone does not actually affect the secretion of bile. Morphia does not appreciably affect the hepatic secretion, and does not interfere with the stimulation produced by such a substance as sodium salicylate. Hyoscyamus resembles morphia in these respects. Pure, diluted alcohol does not affect the biliary secretion, and jaborandi is a very feeble hepatic stimulant.

Lead acetate, in large doses, diminishes the secretion of bile, probably by direct action on the liver. Tannic acid does not affect the biliary secretion.

On the Suture of Nerves.

A Russian surgeon, Dr. Bakowiecki, states, in a monograph quoted in the London *Medical Record*, that the suture of nerves considerably hastens their cicatrization, and the re-establishment of their functions; that it is necessary to unite the cut nerves within twenty-four hours of their section, and to perform the operation in such a way as to prevent the ligature from passing through any structure except the neurilemma; and that sutures of catgut must be alone employed, as they do not cause suppuration, while they are wholly absorbed in the wound. Suture prevents the appearance of tetanus. Eulenberg and Landois obtained negative results because they passed the ligature through the whole thickness of the nerve. The experiments of Dr. Bakowiecki were made upon various animals; they were one hundred in number; the nerves sewn were the sciatic, vagus, and hypoglossal. The sutures employed were of silk, silver, and catgut prepared by Lister's method. The microscopical appearances seen were in the negative cases, in which no regeneration of the nerves took place, destruction of the axis cylinders. In the positive cases, in which there was regeneration of the nerve fibres, a bud made its appearance at the end of the axis cylinder of the nerve. After a lapse of thirty days filaments (axis cylinders) were seen, which appeared to consist of fusiform cells communicating with each other by their prolongations. Around the filaments a pale contour line could be distinguished; this line the author believes to be the medullary sheath. The filaments themselves join directly the original nerve fibres of the central end of the cut nerve. The author supposes that new nerves are thus formed, and he bases his supposition upon three facts. In the first place, the filaments just described pass directly into the nervous fibres. Secondly, the portion of regenerated nerve is composed of these fibres. The nerve, when so formed, is found to have recovered its functional properties. Lastly, the filaments are strongly stained by carmine, and they act in the presence of certain chemical reagents in exactly the same way as do the true axis cylinders. The pale contour line is supposed to be the medullary substance of the nerve, and not the neurilemma or sheath of Schwann, because no nuclei have been found in it.

Peculiarities of the Third Stage in Placenta Prævia Labors.

Professor A. R. Simpson says, in the Edinburgh *Medical Journal*, I may be allowed, in passing, to make some observations on the peculiarities in the third stage of labors complicated with placenta prævia. These observations hold good to placenta prævia cases general, as well as to primiparal placenta prævia cases, although I am led to make them from the circumstance that in both our cases it was found necessary to extract the placenta artificially.

1. *Common Necessity for Shortening the Third Stage.*—To begin with, we can rarely afford to allow any lengthened interval to elapse in such cases between the birth of the child and the complete evacuation of the uterus. The loss of blood which the patient has sustained during the first stage of the labor may have proceeded just so far that she could survive it, but a slight additional drain would prove fatal. Unless the uterus be contracting with even more than usual vigor, it is likely that there will take place additional loss of blood, owing to the partial detachment of the placenta that has been produced. In ordinary cases, where the patient has lost no blood previously, and where the placenta lies high and perhaps either unseparated or else completely separated in the uterine cavity, we may wait for half an hour or more, without seeing any hemorrhage to call for interference. But where the patient is already largely drained, and some degree of hemorrhage is necessarily progressing, as takes place so commonly in placenta prævia cases, the indication for artificial shortening of the third stage becomes very urgent.

2. *Inertia of the Uterus.*—Again, even if delay were safe, it would, in these cases, require to be unusually prolonged. For, *first*, the placenta, or what remains of it still adherent to the uterine walls, is attached low down in the cavity, where

the muscular walls are thinnest and weakest, and where but a limited set of the muscular bundles can come to bear on it for its detachment and extrusion. And, *secondly*, the rapid withdrawal from the uterus of the main mass of its contents leaves it with a tendency to inertia, which can only be overcome by active pressure and the use of ergot. The muscular conditions of the uterus thus form a second indication for interference in the third stage.

3. *Adhesion of the Placenta.*—There is another difficulty, which we may be prepared to meet in such cases. The placenta is so firmly adherent to the uterine walls, in consequence of inflammatory changes in the maternal portions of it, that its separation requires extreme care and causes some difficulty. It is just such an adhesion as may require similar interference after an otherwise normal labor. Only, here the inflammatory changes in the uterus, to which in this case the prævial complication is due, assert their mischievous influence further by leading to this firm adhesion between the uterus and the badly-placed placenta. Such a double evil result is easily intelligible.

Dilatation of the Os for Sterility.

Can the dilatation of the contracted os uteri by sponge-tent facilitate impregnation? is the subject of an inquiry by Dr. Haussman, in the *Archiv für Geburtshulfe*. After a short historical *résumé* of the introduction of sponge-tents into gynæcological practice in general, and for the cure of sterility in particular, the author explains the injurious changes in the cervical mucous membrane, and in the character of the secretions from it, which the sponge-tent, and, even though in a lesser degree, the tangle-tent, effects, and formulates his results in the following propositions:—When I summarize, therefore, my observations, the attempt to facilitate impregnation by dilatation with sponge-tents, in cases of contraction of the os uteri or of the cervix, is found unavailing. 1. On account of the increase of the traumatism associated with the coitus, which is exerted upon the uterus; or, 2. On account of the peeling off of the epithelium of the mucous membrane, which, at all events, is not without importance for the movement of the spermatozoa; or, 3. On account of the alterations in secretion from the mucous membrane, which is destructive of the movement of the spermatozoa; or, lastly, on account of the equally destructive action of the carbolic acid, or other similarly acting solution, employed for purposes of disinfection. In consequence of these experiments, the conviction has long since forced itself upon me, that if we do not succeed in retaining the dilatation obtained by the sponge-tent patent, until the injurious influence of the traumatism conditioned by it has disappeared, and until, furthermore, the mucous membrane of the uterus, with its secretion, has returned to the normal state, which, possibly, in each of the above-mentioned favorable cases, occurred, or unless other dilating cones be discovered free from these defects, there at present exists no prospect of turning this method of artificial dilatation of the os uteri or its neck to account in facilitating a conception.

Cases of Dyspareunia.

In the *American Practitioner*, Dr. A. F. Kinne gives several cases of this difficulty, two of the most striking of which we quote:—

In the winter of 1872 Mr. C. came to my office for advice in behalf of his second wife, whom he had recently married and with whom he had found it impossible to have sexual relations. Upon a careful examination of this case, under chloroform, no cause for the dyspareunia could be discovered. It seemed to be purely a neurosis; and relief was obtained by inserting the thumbs, back to back, and making forcible dilatation. I might have tried iodoform, or some other local application, in this case, but chloroform being necessary for a thorough physical examination of the case, the course which I took was probably the best.

The experience of this gentleman in his marital relations would seem to have been exceptionally trying. He stated that he had lived nine years with a former wife, without ever having accomplished the sexual act. And it would seem that a sensitive caruncle must have existed in the case of this wife, for at times she complained of great pain in urination and so forth. But the most remarkable point in this case was, that he had consulted a number of physicians, at different times during this long period, without obtaining any relief or satisfaction—a state of things which will be found to exist, I think, in connection with a very great proportion of these cases. Indeed, but for this circumstance I should hardly deem my own experience worth reporting. Vaginismus and dyspareunia are comparatively recent terms, and the time is within the memory of many of us when nothing used to be said about the condition which they describe.

Milk Feeding to Infants.

Professor Dill, at a late meeting of the Ulster Medical Society (reported in the Dublin *Medical Journal*), states that some members of the profession had taken in hand to weigh a child before and after taking the breast milk, and found that from three to four ounces were taken at a time, amounting in all to about two pounds a day. Another important matter to be attended to is the temperature of the milk; it should have a mean temperature of 95° Fahrenheit. He considered this point quite as important as either quantity or quality, and thought that much injury arose from want of attention to it. He thought that if we could get over our prejudices, ass's milk would probably be the best, as it comes nearer the mother's, but as society is constituted, we need not go beyond the cow's milk; but with all the care and attention which can be bestowed, it is a poor substitute for the soothing influence of a mother's lap and a mother's bosom; and no man of any experience could recommend bottle-feeding as compared with the breast. In consulting physiological chemists we find that the mother's milk varies much from first to last, becoming stronger as the child grows older, and is adapted to the child's strength up to that period when the child should be weaned. We should take a leaf from nature's book, and diminish dilution as the child advances. He would not dilute with barley water, as some advocated, but use simply pure

water. Cow's milk requires a little alkali—depending on the state of the bowels; if loose, chalk or lime water; if constipated, a little magnesia.

Rules for the Prevention of Self Abuse.

Mr. J. Burns, of London, has recently written a well-intentioned pamphlet, entitled "The Science of Life." The evil sought to be remedied is the habit of masturbation among the young. The remedy suggested is, that parents should enlighten the minds of their sons as to the true uses of their reproductive organs, and the evils resulting from self abuse. It is a difficult subject, but, says a reviewer in the Edinburgh *Medical Journal*, we can conceive no possible harm resulting to boys from a little *wholesome* knowledge on these matters, when they are certain, too soon, to get plenty of *unwholesome* knowledge of a similar kind from their school companions. The following rules are given as aids to the abandonment of bad habits, and to the stoppage of involuntary emissions:—

1. "Perfect cleanliness of the genital organs; if possible, a cold bath every morning." With reference to this rule, we are of opinion that circumcision would aid in lessening masturbation by ensuring cleanliness.

2. "Abundant, but not exhausting, exercise of the arms and shoulders, quite as much as of the lower limbs, since if these latter are exclusively exercised too much blood is directed to the generative organs.

3. "Strict moderation in eating and drinking; avoidance, as far as possible, of late suppers, rich, greasy, or highly-seasoned dishes, and of meat and eggs, except in small quantities.

4. "Abstinence from tea, coffee, and alcohol in every form."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Treatment of Ringworm in Public Institutions," is the title of a paper by Dr. J. V. Shoemaker, of this city, reprinted from the *Transactions* of the American Medical Association. The author especially recommends the treatment by puncture with the needle-knife.

——The Mahoning County, Ohio, Medical Association has commenced the publication, in pamphlet form, of its *Transactions*. The first number contains fourteen small pages. It would have been better, we should think, to send a carefully written copy of the Transactions, properly condensed, to some established medical journal for publication.

——The theory of maternal impressions, or mother's marks, is attacked by Dr. Roswell Park, of Chicago, in a reprint from the *Southern Clinic*. He writes: "I contend that while we are hardly prepared to deny explicitly and *in toto* that a mother's mental condition, be it temporary or more or less permanent, may in some obscure and inexplicable way modify the normal development of the fœtus in utero, still we are certainly not yet in a position, either, in the first place, to even admit that such an influence can make itself felt; or, secondly, and supposing this possible, to pretend in this way to explain the palpable abnormality.

BOOK NOTICES.

Chemistry; General, Medical and Pharmaceutical. Including the Chemistry of the U. S. Pharmacopeia. By John Attfield, M.D., etc. Eighth edition. Revised by the author. Phila., H. C. Lea, 1879. 8vo, pp. 697.

The popularity which this book has enjoyed is owing to the original and clear disposition of the facts of the science, the accuracy of the details, and the omission of much which freights many treatises heavily without bringing corresponding instruction to the reader. Dr. Attfield writes for students, and primarily for medical students; he always has an eye to the Pharmacopœia and its official preparations; and he is constantly putting the matter in the text so that it responds to the questions with which each section is provided. Thus the student learns easily, and can always refresh and test his knowledge.

So much for the plan of the work; of the matter and substance we need not speak. The author has subjected it to a careful revision, and adds the novelties in chemistry which the last few years have brought forth. The modern notation and terminology are introduced and explained; and illustrations are added in sufficient numbers to elucidate the manipulations. Numerous tables and a long index complete the volume; but as nothing is perfect, so this index is not; we turned to it to find out something about carbonic oxide, but the two references given are quite blind and unsatisfying.

Fasting Girls, their Physiology and Pathology. By William A. Hammond, M.D., etc. New York, G. P. Putnam's Sons, 1879. 8vo. pp. 76.

A timely, pointed and powerful protest is here entered by the eminent neurologist against one of the absurd popular superstitions of the day. The work was suggested by the Mollie Fancher case, the fasting girl of Brooklyn, who induced even cautious medical men to sustain her claim of prolonged and impossible abstinence from food. All who want enlightenment on this subject will do well to peruse this clear refutation of such deceptions.

THE

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QUARANTINE AND THE PLAGUE.

In view of the possible approach of the plague, the question of quarantine comes to the front as one of prime importance. An influential and able class of sanitary writers have thrown the weight of their names against restrictive quarantine. Of these, we mention Dr. AUGUST HIRSCH, in Germany, Mr. NETTEN RADCLIFFE, in England, and Dr. HENRY HARTSHORNE, in this country, as typical examples. All these writers have exerted themselves to point out the futility, as shown by experience, of the traditional measures of quarantine for the arrest and repression of plague, and urged that the attention of Governments should be concentrated on the strengthening and extension of such measures of internal local sanitary administration as had proved most efficacious in the control of infectious maladies. On their side they have such eminent backers as PETTENKOFER, SIR WILLIAM JENNER, and a host of distinguished names. All these declare quarantine, sanitary cordons, blockading suspected places, and confining and isolating suspected persons and places, as folly and needless cruelty.

We are not disposed to underrate the weight which should be allowed to such opinions; nor can the neglect of the best sanitary measures be excused or passed over by the establishment of cordons; nor should the needless cruelties of the old quarantine regulation be repeated; but for all that a restriction of intercourse between the sick and the well, and a segregation of cases, are wise measures and should be observed.

Let it be remembered that it was against this very disease, the plague, that European governments first devised the system of quarantine. It was not against cholera or yellow fever, but against this far more terrible scourge, that this onerous and unscientific system was devised. For a century and a half it has not visited western Europe; and when it last did so, it seems to have been restricted and kept within narrow limits by a sanitary cordon of unsurpassed rigidity (Marseilles, 1722).

The law of distribution of the plague seems different from that of cholera. It seems contagious, in the strict sense of the word; and its mortality is far in excess of that of cholera. HECKER calculates that in the Fourteenth century Europe lost by the black death, as the plague was then called, no less than 25,000,000 of its inhabitants. This may have been an exaggerated estimate, but judging from the more reliable records of recent times, he was probably not far wrong. During that same period the mortality in Florence was 60,000, and in Venice, 100,000; while Marseilles lost in one month 16,000 of her inhabitants. During the great plague of London in 1664, 68,596 of the population were carried off, as many as 8000 dying in one September week.

No wonder, therefore, that the panic in Rûssia has been almost incredible. Persons belonging to every class and station in life have petioned for an entire cessation of all intercourse, even of postal communication, between the rest of Russia and the Volga. Letters which were sent from Astrachan and Zaritzin were not received by the persons to whom they were ad-

dressed. Some people even refused to take paper money, fearing that the germ of the infection might be communicated to them through it. In short, it is almost impossible to describe the terror which took possession of the people, who looked upon this disaster as a punishment from God.

The Governments of Germany and Austria took early measures to restrict intercourse; and their action was prudent; undoubtedly, even if such measures do not check the pestilence, they will stay for a time its course, and allow the completion of sanitary precautions. Should the epidemic advance to Western Europe, we hope our Government will not be led by theorists to neglect enlightened but firm and restrictive quarantine regulations.

The success which seems to have attended the establishment of the sanitary cordon around Wetlyanka is reassuring, and apparently vindicates the expediency of such measures. But sinister reports are published in the German and English papers, that there are other foci of infection in European Turkey which have been sedulously concealed by the authorities, and others again are suspected, which are denied by the sufferers, for fear of a similar fate to that of the Astrachan villages. If these rumors are true, we need not be surprised to hear any day that the pest is slowly creeping westward, and may devastate some of the large cities of Europe, as it did Moscow and Marseilles in the last century.

Notes and Comments.

Therapeutical Notes.

QUININE LOCALLY IN PANNUS.

In an Italian ophthalmological journal, M. Ruvioli records two observations of severe pannus consequent on granular conjunctivitis, which were cured by this means when the habitual remedies had been tried without effect. However, bisulphate of quinine would be of no use when the pannus was accompanied by erethism of the ciliary nerves, or when it is of strumous origin.

CURE OF CORNS.

The method recommended by M. Guibout is to soften the corn by applying to it, for one night, an ointment consisting of turpentine and acetate of copper, each one part; white resin two parts, and yellow wax four parts. The corn should then be excised with scissors, care being taken to go deep enough to remove its summit. After excision the matrix should be cauterized with sulphuric acid, else the corn will be reproduced.

NEW REMEDY IN DYSENTERY.

The latest remedy in dysentery is an East India plant, the *Ixora Dandxuca*. The drug is very efficacious in dysentery, most so, as in the case with ipecacuanha, when the cases treated by it are seen early. It possesses the advantage of not creating nausea, while it has an aromatic and agreeable taste. It has also been given in fifteen to thirty grain doses three or four times a day, and may be administered with confidence to patients of all ages.

SALICYLATE OF SODA IN CHOREA.

In a case of chorea, in a child of seven, Dr. S. Weir Mitchell gave the following prescription for more than a month, and apparently with decided advantage, each dose containing—

℞.	Sodii salicylat.,	gr.x	.67 Gm.
	Glycerinæ,	ʒj	4
	Spts. lavendulæ,	♏v	.33
	Ol. gaultheriæ,	gtt.½	.01
	Aquæ,	q.s. ad.	ʒss q.s. ad. 16

Given three times a day.

He has been experimenting in this case and in a number of others, concerning the effects of salicylate of soda in chorea, and it looks as if the experiment would prove to be of some value.

CHAPPED HANDS.

A useful mixture, used by Dr. M. A. Wilson, of New York, is—

℞.	Acidi carbolici,	gr.xv
	Vitellum ovi,	No.j
	Glycerinæ	f.ʒ iij.

Smear a small portion on the hands several times daily.

Milk Diet in Dysentery.

At the conclusion of an article on the more severe forms of dysentery, in the *Archiv für Heilkunde*, March, 1879, Dr. Wernich strongly recommends an absolute milk diet, continued well into convalescence, as by far the best plan of nourishment. At first some lime water may be added to the milk. This diet, with opium and belladonna, especially in suppository, to reduce the tenesmus, the avoidance of astringents, and occasionally the use of ipecac, are all that is required.

Consciousness as a Mental Factor.

In an article in the *Nineteenth Century*, Mr. Francis Galton says:—

"The more I have examined the workings of my own mind, the less respect I feel for the part played by consciousness. I begin, with others, to doubt its use altogether as a helpful supervisor, and to think that my best brain work is wholly independent of it. . . . Its position appears to be that of a helpless spectator of but a minute fraction of a huge amount of automatic brain work."

A peculiar condition of the mind in relation to consciousness, is that exhibited by somnambulists. Dr. W. Munro remarks on this, in the Edinburgh *Medical Journal*—

"As many people are once or twice in their lives somnambulists, and no bad after affects are ever observed in them, it can hardly be said that somnambulism is always the effect of brain disease. There only appears to be some peculiar temporary vaso-motor disturbance, causing, as Anstie has pointed out there is, deeper unconsciousness than in ordinary sleep, while the power of coördinating movements remains. But that all responsibility for such acts as are done in such state is abrogated, must be at once admitted, when the astuteness with which somnambulists will succeed in overcoming precautions for their own safety, taken by others with their own waking consent (Anstie), is considered."

Comparative Anatomy of the Olfactory Apparatus.

In connection with the editorial on the Sense of Smell, in the REPORTER, p. 302, we quote the following from a paper read before the Royal Society, by Dr. A. M. Marshall, recently:—

He declares that "The olfactory organ is a visceral cleft; the olfactory nerve is the segmental nerve supplying the cleft in a manner precisely similar to that in which the hinder clefts are supplied by their respective nerves; and that the Schneiderian folds are gills." These conclusions are adequately supported by explanatory details of observations conducted on a long series of vertebrate embryos, and we may reasonably accept the proposition that "as there are no nerves or clefts in front of the olfactory segment, the olfactory nerve must be taken as the most anterior nerve, and the nose as the most anterior (visceral) cleft." The study of homologies is in itself so fascinating, and being so, calculated to lead the observer to formulate extravagant hypotheses, founded on his observations, that there is, rightly, a certain unwillingness to accept new explanations always apparent. But these results of Dr. Marshall's work derive such material support from the carefully arranged anatomical and developmental details, that they may be safely accepted as the rational explanation of that they seek to make clear. The paper is an important contribution to anatomical literature.

Is Insanity Increasing?

This is the title of a paper by Dr. Mortimer Granville, in the *Nineteenth Century*. He answers the question in the negative. It is true that the number of insane persons in each succeeding decade is greater. This is partly due to an actual increase in the population, but it is chiefly owing to the circumstance that the admissions of insane persons into asylums are more numerous than the discharges by death or recovery. The outlet being less than the inlet, there is progressive accumulation. Another minor though not unimportant cause of the alleged increase of insanity is said to be the crowding of asylums with imbecile paupers and troublesome old people, of both sexes and all grades.

Syphilis d'Emblée.

This is the name applied by French syphilographers to those cases of general secondary syphilis which have not been preceded by any primary sore—absorption without local infection. Dr. Weinberg, of Vienna, in a paper before the Doctoren-Collegium of that city, recently cited two cases, but concluded with the assertion that all such instances are deceptive, and that the absence of the primary sore is only apparent. In all cases he maintains there is and must be one, although, especially in women, the patient may be ignorant of its existence. Direct absorption of the virus, without cutaneous lesion, he rejects.

Action of Beverages Charged with Carbonic Acid Gas.

These beverages are so popular, that the following observations, given by Dr. Quincke, in the *Archiv für Pathol. und Pharm.*, are interesting:—

Beverages charged with carbonic acid gas are diuretic.

Their diuretic effect is owing to a superabundance of water in the blood, due to the more rapid absorption of these beverages.

They have little effect on the blood pressure and pulse, but by reflex action the respiration becomes slower and deeper.

Studies on the Physiology of Conception.

Some interesting observations on this subject were communicated last year to the Berlin Medical Society, by Dr. L. Löwe. He has discovered that a single spermatozoon is sufficient to impregnate an ovum; indeed, that in nearly every case only one gains admittance, and that as soon as this one penetrates the walls, an immediate deposit, something in the nature of a chemical precipitate, takes place on the walls of the ovum, which prevents any further access of spermatozoa. Occasionally, however, two spermatozoa do gain admittance, either owing to their penetration being simultaneous or the animal being in ill health. When this is the case, the result is a double monster, or a malformation of some kind. The transparent eggs of certain fish are best suited to exhibit these processes.

A New, Tasteless Purgative.

Le Progres Médical states that Dr. Rabuteau has recently made some researches in regard to the physiological action of a new saline purgative, sodium sulpho-methylate, or methyl-sulphate. This is a colorless salt, crystallizing with difficulty, but destitute of any disagreeable flavor. M. Rabuteau first injected ten grammes, or about two and a half drachms, of the salt, dissolved in ten times its weight of water, into the veins of a dog, and found that no diarrhœa was produced. Subsequently he administered fifteen grammes, about half an ounce, of this salt, dissolved in two wineglassfuls of water, to a patient under the charge of M. Quinquaud, in the Hôtel Dieu. The effect was that it caused free evacuation of the bowels.

Hypodermic Medication.

The hypodermic syringe, to him who knows how to use it, is an invaluable companion. It is indifferent whether the patient can swallow or not; the agents are the simplest; a sufficient medicine chest can be carried in the vest pocket; there is no nauseous dosing, and the effects are prompt and certain. Would we relieve pain, we inject morphia; would we produce vomiting, apomorphia or emetina; would we lessen fever, quinia; would we excite the cutaneous and salivary secretions, pilocarpin; would we check hemorrhage, ergotin; would we evacuate the bowels, aloin; would we check night sweats, atropia; would we relieve paralysis, strychnine; would we cure syphilis, mercurials, etc. Surely the advantages of this method are immense.

Dangers of Chlorate of Potash.

This remedy, so extensively used by the public as a domestic medicine, is a poison, and should be labeled as such. In the *Med. Central Zeitung*, Feb. 5, Dr. Schultze relates a case of a three-and-a-half-year-old boy, who had a slight diphtheritic attack. The parents gave him freely of a saturated solution of the chlorate for a gargle; as was natural, the child swallowed most of it. The amount thus used was one ounce in six days. Nausea, vomiting, diarrhœa, cyanosis, and sleepiness advancing to coma, supervened, and the child died. Evidently these symptoms arose from the drug. Various similar cases have been reported, and they should serve as warnings against the careless use of a potent drug.

Epidemic Influenza.

Dr. Edgar Bolles, of Pennington Point, Ill., writes: We have had an epidemic of influenza that has been quite troublesome, affecting the old and young of McDonough and adjoining counties. Also quite a wave of pneumonia has passed over the same region, mostly of the catarrhal variety, and more than commonly fatal.

Correspondence.

Veratrum Viride.

Ed. Med. and Surg. Reporter:—

In giving veratrum, it has been my habit to begin with three drops Norwood's tincture, and repeat in four hours, increasing by one drop every third dose, until the pulse was softened and brought down to seventy or seventy-five beats per minute.

I have never yet met with a case in which it was necessary to exceed eight drops to attain the desired end. And in such cases the specific effect of the drug, nausea and vomiting, with great prostration, was a most disagreeable, if not dangerous, complication. In my own case, and I think I have quite a degree of toleration, seven drops, repeated in four hours, will quickly reduce the pulse from one hundred to sixty beats per minute.

I now recall a case in which about twenty drops were given by mistake, followed by most severe vomiting and alarming prostration. When these larger doses are found necessary, I often notice a rapid falling of the pulse from one hundred or over to fifty-five or fifty, the patient, at the same time, complaining greatly of a distressed or "gone" sensation.

A patient of mine, only a few weeks since, was violently vomited and greatly prostrated by taking six drops of the tincture, when it had been gradually increased to that quantity from four drops. The testimony the doctor has brought forward would certainly seem sufficient to satisfy the most skeptical that these heroic

doses may be, and are, given without destruction to life. But is it the soundest practice, in ordinary cases, where life is not in imminent peril, to use these most potent remedies in such doses as must, in nearly every instance, threaten the safety of the patient, and in some produce fatal consequences—in *which* we cannot know till we have tried—merely to abort or cut short a disease, while their power to do so is still a matter of grave doubt? As in a most alarming case of croup or diphtheria the physician should not hesitate to perform tracheotomy, so should he not doubt the propriety of employing *ten* drops of the tincture of veratrum viride in puerperal fever which has resisted more conservative doses. The one, at the outset, would, I think, be as unwarrantable as the other. In either case he adopts the safest alternative. My experience with this remedy has not been among the enfeebled poor of our large cities, nor the enervated votaries of fashion and luxury, but largely in the country, and among those who earn their bread by the sweat of their brow. Not among the asthenic, but the sthenic.

I think it should be a matter of careful study and experiment with us, as physicians, to ascertain, as nearly as may be, the smallest possible dose of a given remedy that will be required to meet the indications in a given case. Of the three conditions, no medicine, too little medicine, or too much medicine, if I were the sick man, I would accept the first. Either would quite likely not give the patient his best chance, and this would diminish from first to third. I find that I cannot, with safety to my patients, use very many medicines in doses as laid down in books and medical journals; whether due to idiosyncrasy, climate, or type of disease, I cannot say. I do not have cases that will tolerate for weeks and months thirty, forty or fifty grains potass. iod. three times a day, nor do I often find use for more than ten or fifteen grains of chloral hydrate at one dose, when that remedy is indicated. This list might be extended almost indefinitely, but let mention of these two suffice. In my criticism of this prescription I can assure the Doctor that it is most kindly meant, and is by no means intended to give encouragement to that class of physicians whose "stock in trade" consists largely in attempts to build themselves up by casting slurs upon the practice or character of brother practitioners.

I simply state here what has been my experience with this drug, and if it does not harmonize with that of some other physicians, well. We shall have no battle about it, but by comparing notes will be able to prescribe with greater definiteness, and contribute our mite toward placing medicine among the more exact sciences.

Youngstown, N. Y. F. J. Baker, M.D.

Ed. Med. and Surg. Reporter:—

I wish to give Dr. Fowler my experience with Norwood's veratrum viride. Dr. Kemper, of Va., gave to a young, delicate lady, aged 16, eight drops of the veratrum every four hours, in syrup of squills. The third day of her disease, pneumonia, he was unable to visit the patient, and I was called, and prescribed the veratrum in the same dose and at the same interval. I also ordered the nurse to continue Dr. K.'s treatment, not knowing the syrup of squills contained veratrum, and thought he was giving it only as an expectorant. The nurse continued to give the double dose until the patient had taken fifteen doses, making a total of 336 drops in 108 hours, or 27 doses in all. When Dr. K. and myself saw the patient together, we found the double dose had brought down the pulse from 136 to 55, and our patient made a rapid recovery. I often prescribe the veratrum, and I have always found it to be the only remedy we can rely on to control the muscular power of the heart with any certainty. An over dose will produce nausea and vomiting, so that we are compelled to use some pleasant adjunct, especially when there is gastric disturbance.

Elgin, Texas. G. K. Young, M.D.

Flexible Metallic Bougie.

Ed. Med. and Surg. Reporter:—

This instrument is made of small silver wire, coiled exactly like the flexible arm of a dental engine, with a solid silver tip where the wires are secured. I have found this to be the best instrument for the purpose of passing through strictures that I have ever used. It has all the good qualities of the French gum catheter and bougie, with the additional advantage of being more firm and holding all the ground as fast as gained, or in other words, it stays in the urethra just where it is left, and is not forced out by the spasmodic action of the muscles of the penis. It is just as flexible as a gum catheter, and will follow the most tortuous canal with much greater ease. In introducing it, the operator should give it a twisting motion with his fingers, the same as in the introduction of the French gum elastic catheter, than which it is much easier to introduce, because of the screw arrangement of the silver wires composing it. Besides its use as a bougie, I have found it quite convenient for attaching the galvanic apparatus described in the Reporter, vol. xxxix, p. 175; it makes a much stronger electrode than a catheter, because each wire in its composition carries a separate current. Any surgical instrument maker can manufacture it.

Greenville, Mich. O. E. Herrick, M.D.

Small Doses—Action of Quinine, etc.

Ed. Med. and Surg. Reporter:—

The publication of my paper on small doses, which appeared in your issue of September 7th, 1878, has elicited many evidences of approval on the part of the profession. I received a few days ago the subjoined letter from my friend, Dr. Ward, of Baltimore county, a member of the Maryland State Board of Health, and a most popular practitioner of medicine for a period of fifty years:—

Dear Doctor:—I have read, in the *Scientific American*, with much pleasure, your article on the effects of medicine in small doses. I was gratified to learn that I was not the only old fogy left. My experience confirms your views. The tongue indicating an abnormal state of the secretions, I have found calomel the agent to be relied on. When using the lancet freely, I then

gave a large dose of calomel, for its depressing power. I am persuaded that many lives would be saved if the system were influenced by it to a gentle tenderness of the gums.

The action of quinine is certainly not well understood. Will not, or may not, a large dose of quinine change or modify the abnormal action of the nerve centres, and small and repeated doses sustain the new action? Does not disease primarily act on the nerve centres, or rather the cause of disease?

I have used tartar emetic for many years in the way you do. I have found it the most useful remedy in mammary inflammation; in what are termed bad colds; also after parturition, with heated skin, restlessness, and a feeling of malaise. In these cases an intestinal irritant might and often has placed the patient in great danger. A solution of tartar emetic, one grain to eight ounces of water, acts beautifully. Dose one tablespoonful every hour. Excuse an old fogy.

J. Robert Ward, M.D.

Dr. Ward's theory in regard to the action of quinine is both novel and suggestive. An interesting paper by Dr. Bramblett, of Newburn, Va., appears in the *Transactions* of 1878, of the Medical Society of Virginia, in which the danger of the administration of large doses of sulphate of quinia and sulphate of cinchonidia is depicted with much force. John Morris, M.D.

Baltimore, Md.

On Purpura or Land Scurvy.

Ed. Med. and Surg. Reporter:—

Last fall I treated a case of what I called "purpura;" age 16; had been having chills; petechiæ all over the body, especially the legs and thighs, from small round puncta the size of a split pea, to purple blotches as large as a silver quarter. Had bad food, bad air, etc.

Case No. 2, of same description in appearance of eruption, but a girl of about 8 years old, with good food, clean surroundings, and no chills; but stiffness of limbs, with little or no pain.

Case No. 3 was treated a year ago last fall. A young man, aged 21, with the best hygienic surroundings. No disease except the purpura, which resembled the others in locality and appearance of eruption; spots more abundant, larger, and less livid, and bled dangerously from the nose, fauces, bladder and bowels, but recovered.

Are these cases to be classed with purpura which occurs in crowded cities, on board ships, where poverty, filth, bad food and bad air conspire to poison the blood and reduce its vitality?

I will ask also what relation do these three cases hold to two others treated in the fall of 1877? where hemorrhage from the bowels came in connection with a chill, the bleeding being so severe as to endanger the lives of both patients. Of the last two cases, also, one was a boy, 14 years old, and in a poor family, and was probably insufficiently fed, as he was not very warmly clad. The other was a young lady with comfortable surroundings. W. H. Rose, M.D.

Thorntown, Ind.

News and Miscellany.

American Medical Association.

The following rates of fare to Atlanta have been obtained thus far:—

Steamer from New York to Savannah, and rail to Atlanta, $19.50. Both ways, $34.00. Including state rooms and meals on ships.

Railroad, *round trip*—

From Louisville,		$23.85
"	New York,	37.25
"	Philadelphia,	33.75
"	Baltimore,	29.75
"	Washington,	27.75

As there may be other points secured, at starting it would be well to ask at railroad office for excursion rates.

Apply to undersigned (with stamp) for certificate, by which only can these rates be obtained.

Wm. B. Atkinson,
Permanent Secretary.
1400 *Pine St., Phila.*

Medical Society of the State of Pennsylvania.

The thirtieth annual session will be held in Chester, on Wednesday, Thursday and Friday, May 21, 22 and 23, 1879, commencing on Wednesday, at 3 P.M.

The address in Medicine by Dr. Andrew Fleming, Alleghany.

Address in Obstetrics by Dr. E. Wallace, Philadelphia.

Address in Surgery by Dr. Charles T. Hunter, Philadelphia.

Address in Hygiene by Dr. R. A. Cleemann, Philadelphia.

Address in Mental Disorders by Dr. James A. Reed, Dixmont.

All who desire orders for excursion tickets should address the undersigned, with stamp, stating route, etc. Wm. B. Atkinson,
Permanent Secretary.
1400 *Pine St., Phila.*

The Yellow Fever on the U. S. Steamer "Plymouth."

The Surgeon General of the U. S. Navy has furnished the following facts in regard to the recent outbreak of yellow fever on board the U. S. Steamer "Plymouth." On November 7th last four cases of yellow fever occurred on board the vessel, while lying in the harbor of Santa Cruz; these were removed to hospital on shore and the ship sailed for Norfolk. Three mild cases occurred during the voyage, and the "Plymouth" was ordered to Portsmouth, N. H., thence to Boston. At the latter port everything was removed from the ship, and all parts of the interior freely exposed to a temperature which frequently fell below zero, the exposure continuing for more than a month. During this time the water in the tanks, bilges, and in vessels placed in the storerooms, was frozen. One hundred pounds of sulphur was burned below decks, this fumigation continuing for two days, and the berth decks, holds and storerooms were thoroughly whitewashed. On March 15th the

ship sailed from Boston southward; on the 19th, during a severe gale, the hatches had to be battened down, and the berth deck became very close and damp. On the 23d two men showed decided symptoms of yellow fever, and on the recommendation of the surgeon the vessel was headed northward. The sick men were isolated, and measures adopted for improving the hygienic condition of the vessel and crew. The surgeon reported that he believed the infection to be confined to the hull of the ship, especially to the unsound wood about the berth deck, all the cases but one having occurred within a limited area; and that while the "Plymouth" is in good sanitary condition for service in temperate climates, should she be sent to a tropical station, probably no precautionary measures whatever would avail to prevent an outbreak of yellow fever.

Personal.

—On the evening of April 24th Dr. Wm. F. Norris will read a paper on "Optic Neuritis as a symptom of Intracranial Disease," at the Lecture Room of the College of Physicians, at 8 P.M. The profession is invited to attend.

—A banquet was given to Prof. S. D. Gross, M.D., on Thursday, April 10th, by the Alumni of the Jefferson Medical College. There was a full attendance, and many pleasant addresses added interest to the occasion.

Items.

—It is flashed in golden words, under the Atlantic, from Berlin, that "the surgeons have succeeded in painlessly extracting a grain of powder which had remained in the Emperor William's head since Nobeling's attempt on his life."

—A death certificate was recently shown us which read thus:—

Name of deceased, Wight.
Color, do

Evidently the member of the profession who wrote it had left his dictionary at home.

—We have before noted the remarkable vitality of pensioners. In fact, a Government pension seems to confer immortality. General Shields, the new Senator elect from Missouri, while recently speaking in favor of the veterans of the Mexican war, asserted that the Pension Bureau had reported to Congress "a larger army of Mexican veterans alive to-day, than ever stood on Mexican soil at one time, with arms in their hands."

OBITUARY NOTICES.

Dr. Isaac Hays

Was born in this city, July 5, 1796, and died April 13th, at his residence, aged eighty-three years. Dr. Hays was educated at the University of Pennsylvania, and graduated in the Department of Arts in 1816, and the Department of Medicine in 1820. He was the editor of the *American Journal of Medical Sciences*, published by Henry C. Lea. In 1826 Dr. Hays joined the editorial staff, and in 1827 became sole editor, and so remained until 1869, when his son was associated with him. At the time of his death Dr. Hays was one of the oldest living editors, having been connected with medical literature over fifty years. He was elected a member of the Academy of Natural Sciences of Philadelphia in 1818, and was its president from 1865 to 1869. He was an active member of the American Philosophical Society, and for a number of years a member of its council.

Dr. Hays edited, with numerous additions, "Lawrence on the Eye," and was the author of many monographs on medical and scientific subjects. In 1828 he edited Wilson's "American Ornithology; in 1846 Hablyn's "Dictionary of Medical Terms;" in 1848 Arnot's "Elements of Physics."

Dr. J. C. Riley,

Dean of the National Medical College of the Columbian University, Washington, D. C., died in that city, in February. He was born in 1828, and had given much attention to materia medica and pharmacy. He was the oldest surviving member of the National Association for revising the U. S. Pharmacopœia, in 1880, and is said to have been the only survivor having authority to call the next meeting of that Association.

MARRIAGES.

CHAFFEE–DOW.–In Strafford, Vt., March 18th, by Rev. Henry Cummings, Fred. F. Chaffee, M.D., and Nellie S., daughter of Chester Dow, Esq.

MILLER—BIERY.—At the residence of the bride's parents, in Southwhitehall, Lehigh Co., Pa., April 3d, 1879, by the Rev. E. T. Fogel, Dr. A. N. Miller, of East Texas, Pa., and Miss E. Jane, eldest daughter of Mr. John Biery.

POWELL—LEDBETTER.—On Wednesday, March 26th, 1879, at the residence of Mr. W. S. G. Wilson, at Rockdale, Texas, Dr. E. J. Powell and Miss Ida Ledbetter.

RONEY—DEITER.—On March 3d, by Rev. H. G. Finney, George W. Roney, M.D., of Pottstown., and Ella S. Deiter, of Pottsville, Pa.

DEATHS.

BROWN.—On Thursday afternoon, March 13th, at 2½ o'clock, Selina M., wife of Dr. Thomas M. Brown, formerly of Milford, O., in the 69th year of her age.

GREY.—In Hartford, Vt., Feb. 9th, Dr. Joseph Grey, on his 91st birthday.

HARE.–On March 21st, at St. Thomas West Indies, Horace Binney Hare M.D., of Philadelphia.

HAYS.—In this city, on the 12th inst, Isaac Hays, M.D., aged 83 years.

HODGE.—Suddenly, in Brooklyn, N. Y., on Saturday morning, March 15th, of heart disease, Eliza M., eldest daughter of Dr. James L. and S. P. Hodge.

IVES.—On Friday, the 21st ult., at the residence of Dr. Joseph Parrish, Burlington, N. J., Dr. Charles L. Ives, aged 47 years, late of New Haven Ct.

OSTROM.—At Goshen N. Y., on Monday, March 24th, 1879, Emma Charlotte, wife of Dr. J. W. Ostrom.

PENNELL.—On Sunday evening, March, 16th, Carroll Celsus, only son of Dr. W. W. and M. M. Pennell, aged 10 months, 16 days.

VAN TRIES.—At Pennsylvania Furnace, March 8th, 1879, of acute tubercular meningitis, Eleanor Linn, only child of Dr. Thomas C. and Jennie M. Van Tries, aged 4 years and 6 months.

WOOD.—In New York, on the 21st ult., Dr. Jacob Wood, aged 68 years.

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Communications.

SEASON, AND THE MORTALITY OF EITHER SEX.

BY T. S. SOZINSKEY, M.D., PH.D.,
Of Philadelphia.

From the earliest times the effects of the weather of different parts of the year, or in other words, of the seasons, on the human system, have attracted the attention and serious consideration of thoughtful men. The father of Grecian, not less than the father of English, medicine regarded the subject as one of very great importance. The excellent treatise of Hippocrates on *Airs, Waters and Places* begins with these words: "Whoever wishes to investigate medicine properly should proceed thus: in the first place, to consider the seasons of the year, and what effect each of them produces." It is worth while, also, to recall what Sydenham—whose writings, as well as those of Hippocrates, are still worthy the attention of every scientific physician—says about the matter. "The particular seasons of the year," says he, "which favor particular complaints are carefully to be observed. I am ready to grant that many diseases are good for all seasons; but on the other hand, there is an equal number that, through some mysterious instinct of nature, follow the seasons as truly as plants and birds of passage. I have often wondered that this disposition on the part of several diseases, obvious as it is, has been so little observed; the more so as there is no lack of curious observations upon the planets under which plants grow and beasts propagate. But whatever may be the cause of this supineness, I lay it down as a confirmed rule that the knowledge of the seasons wherein diseases occur is of equal value to the physician in determining their species and in effecting their extirpation, and that both these results are less satisfactory when this observation is neglected." Many physicians of the present day give considerable attention to the subject of the relation of meteorology to health and disease; but it is certain that a great many do not. To not a few it amounts simply to a question of the effects of temperature. In a book just issued under the patronage of one of our leading colleges, which treats of the hygiene of the sick room, not a word is said about the regulation of the humidity of the air! There is ground for the belief that many diseases are now attributed—it being the fashion—to specific *materies morbi*, which really arise directly from conditions of the atmosphere; and there is no valid reason for doubting that extraordinary outbreaks of zymotic and other diseases are mainly due to particularly favorable aerial conditions, or what was called by Hippocrates a pestilential state or constitution of the air. The varying states of temperature, moisture, pressure, wind, electricity, and ozone of, as well as the amount of various extraneous matters in, this composite fluid in which "we live and move and have our being" merit careful study, not only as causes of physiological and of pathological phenomena, but as therapeutic means. A few words about each of these points may not be an inappropriate introduction to what succeeds; for their importance is much greater than many suspect.

Of the temperature of the air, it is well known that either extreme and particularly sudden variations are trying to the system, and fruitful

sources of inflammatory and other diseases. Very old people suffer most from very cold, and very young people from very warm, weather. By way of further generalization, I may quote what Mr. Buchan has to say, as the result of his critical study of mortality, especially in London. Says he (Encyclopædia Brittanica): "The maximum annual mortality from the different diseases groups around certain specific conditions of temperature and moisture combined. Thus *cold and moist weather* is accompanied with a high death rate from rheumatism, heart diseases, diphtheria and measles; *cold weather* with a high death rate from bronchitis, pneumonia, etc.; *cold and dry weather* with a high death rate from brain diseases, whooping cough, and convulsions; *warm and dry weather* with a high death rate from suicide and small pox; *hot weather* with a high death rate from bowel complaints; and *warm and moist weather* with a high death rate from scarlet fever and typhoid fever."

When the dew-point rises high, or in other words, when the atmosphere becomes heavily loaded with moisture, the system tends to be relaxed, and all functional activity, including that of the brain, lessens in power and intensity. This is especially so when the temperature also is high. In general, I may say that with a temperature of from 65° to 70°, the dew point should be about ten degrees lower, which represents a difference of about six degrees between the two thermometers of the dry and wet bulb hygrometer—or as it may be otherwise expressed, the relative humidity should be about 70. Hippocrates believed that a damp, and at the same time cold, air was the most prejudicial, and a dry, and at the same time warm, air was the most advantageous to health. A very dry atmosphere is beyond all question as bad, if not worse, than a very damp one, not only in its general effects, but in favoring some epidemical diseases. This latter fact did not escape the notice of Bacon, who, in his "Natural History," says: "The general opinion is that years hot and moist are most pestilent, upon the superficial ground that heat and moisture cause putrefaction. In England it is found not true; for many times there have been great plagues in dry years." An incalculable amount of damage to health and strength results from breathing habitually the dry air of houses heated without proper arrangements for supplying a due allowance of moisture. In rooms so heated the dew point is ten or more degrees lower than it should be.

When the pressure of the air is lessening, as shown by the barometer, it is then that sickness, as a whole, is most on the increase and most severely felt. Under lessening pressure there is a decline in the organic activities of the body, and *vice versa*. It is on this principle that the so called compressed air treatment is based. That surgeons should observe and regard, when possible, the state of the barometer in undertaking to perform serious operations, is forcibly impressed by the results of a critical examination by Dr. A. Hewson, of the mortality after amputations in the Pennsylvania Hospital during the thirty years anterior to 1869. It appears that there was a fatality when the "operations were performed with the barometer ascending, of not quite 11 (10.7) per cent; of over 20 (20.6) per cent., with a stationary; and over 28 (28.4) per cent. with it descending." The electric, ozonic and other conditions, as well as the barometric, may have had something to do in producing these results; but still the importance of observing the latter is apparent. The barometer falls simultaneously, as a rule, with an increase of moisture in the air. It has diurnal variations, of which there are two maxima and two minima; one of the former a few hours after sunrise, and the other a few hours after sunset, and one of the latter a few hours before sunrise, and the other a few hours before sunset. These variations become less and less marked in advancing from the equator.

The force and direction of winds are related to the preceding themes, as well as those which follow, and should be carefully studied.

"The air," says Prof. Tyndall, "at all times, can be proved to be a reservoir of electricity which undergoes periodic variations." It is nearly always positive, except within a few feet of the surface of the earth, and its intensity increases with the height. It is scarce in houses and under trees, and in the earth negative. When the sky is cloudless it is always positive, and it is most likely to be found negative in rainy weather. In winter it is stronger than in summer, increasing from June to January, and decreasing from January to June. It varies in amount every day, having two maxima and two minima; one of the former a few hours after sunrise, and the other a few hours after sunset, and one of the latter a few hours before sunrise, and the other a few hours before sunset—just as in the case with the pressure of the air. In the evaporation of impure water—which is accompanied with chemical changes—it is given off, as also from the leaves of trees and plants, and in combustion. It collects upon the surface of the particles of moisture in the air; hence its abun-

dance in the lower stratum of the atmosphere, when dew is falling, and in foggy and cloudy weather. This gives a clue to the explanation of the diurnal and seasonal variations in its amount. Air the electricity of which is negative is depressing and debilitating. An excessive amount of positive electricity has been noticed in the air during the outbreaks of great epidemics. The influence of this agent, which is intimately related to all meteorological changes, is certainly very great. Doubtless, the magnetic condition of the earth, which varies daily, and at different seasons of the year, exercises some influence over the body, both in health and disease.

The peculiar element of the atmosphere called ozone is an active form of oxygen, and when present in considerable amount it is sufficiently stimulating to cause influenza and bronchial affections. In its origin it seems to be related to electricity. It is present in greatest amount when the barometer is falling, the temperature and humidity increasing, and the wind southerly, and *vice versa*. More of it is found in the country than in the city, and little or none of it is to be found in inhabited rooms. It tends to purify the air of organic matter, through its oxygenating power, and in this way has a restrictive influence on contagious and infectious diseases.

I need scarcely say that the varying amounts, at different times, of particles of matter and carbonic acid and other gases in the air produce notable effects on the body, which should be duly studied by physicians.

Besides all these matters, there is another which should not be overlooked in studying the influences of the seasons on the body, and that is light or sunshine, which varies greatly in amount, as well as intensity, throughout the year. The importance of this subject is very great, but I cannot dwell on it here.

Before I proceed to show the mortality of either sex, from all causes combined, at different periods of the year (which is the main object of this article), I may illustrate in a striking manner the relation of season to disease, or rather the death rate, by presenting in contrast the greatest number of deaths in any month and the least in any month of the year from each of a number of the more notable diseases. Taking the United States as a whole, I find, according to the data given in the report of the Census of the year ending June 1st, 1870, that there died from consumption of the lungs, 7837 persons in May and 4716 in June; from pneumonia, 6393 in March and 1356 in July; from cholera infantum, 5188 in August and 478 in December; from diarrhœa, 3139 in August and 418 in February; from typhoid fever, 2767 in September and 1152 in June; from scarlet fever, 2726 in March and 927 in September; from malarial fevers, 2005 in September and 555 in December; from dysentery, 1870 in August and 209 in January; from encephalitis, 1588 in August and 725 in November; from measles, 1359 in March and 248 in November; from enteritis, 1123 in August and 506 in December; from croup, 1248 in January and 473 in July; from diphtheria, 712 in October and 309 in June; from apoplexy, 557 in May and 348 in June; from bronchitis, 500 in March and 175 in September; from erysipelas, 351 in March and 183 in July; from rheumatism, 338 in May and 174 in September; from Bright's disease, 191 in January and 99 in November; from childbirth 489 in May and 255 in November; and of stillbirths there were 948 in May and 611 in November. As the statistics of Philadelphia will show the effects of more distinctively seasonal influences, I will give them for the year 1877. There died in that year, from cholera infantum, 465 persons in July and none in January; from consumption of the lungs, 253 in March and 142 in October; from pneumonia, 152 in March and 24 in August; from diphtheria, 81 in December and 22 in April (and July); from typhoid fever, 74 in September and 24 in April; from scarlet fever, 66 in December and 17 in April; from enteritis (and stomatitis), 62 in July and 14 in January (and February); from croup, 55 in December and 8 in July; from bronchitis, 52 in March and 12 in August; from encephalitis, 49 in May and 20 in January (and February); from Bright's disease, 31 in March and 8 in July; from apoplexy, 24 in January and 10 in June; from dysentery, 19 in July and 1 in November (and February); from measles, 16 in April (and May) and none in November (and December); from erysipelas, 13 in April and 2 in October; from malarial fevers, 7 in September and 1 in February (and March and May); from rheumatism, 6 in June and none in September; from childbirth, 13 in March and 1 in October (and November); and of stillbirths there were 105 in March and 52 in October. In this connection, I may properly advert to the fact that the season of the year in which most deaths from a particular disease occur may not be the one which has had everything to do in generating it. A rather emphatic paragraph from that great observer, Bacon, will make clear my meaning. Says he (op. cit.) many diseases, both epi-

demical and others, break forth at particular times. And the cause is falsely imputed to the constitution of the air at that time when they break forth or reign; whereas it proceedeth, indeed, from a precedent sequence and series of the seasons of the year; and, therefore, Hippocrates in his prognostics doth make good observations of the diseases that ensue upon the nature of the precedent four seasons of the year."

The percentage of the deaths of either sex, from all causes, in the United States, for each month of the year ending June 1st, 1870, calculated from the figures given in the volume on vital statistics of the Census Report, is as follows:—

MONTH.	MALES.	FEMALES.
January	8.34	8.16
February	8.50	8.56
March	10.12	10.08
April	9.02	9.08
May	9.73	10.02
June	6.69	6.77
July	8.45	8.31
August	9.32	9.47
September	8.51	8.55
October	7.46	7.42
November	6.60	6.56
December	7.18	6.96
Unknown	.08	.06

It appears from this table that the months in which there is a greater percentage of the deaths of females than of males are, in order, beginning with the one in which the difference is greatest, May, August, June, February, April (same as in last), September; and the months in which there is a lesser percentage are, in like order, December, January, July, March, October, November (same in last three).

Most deaths of either sex occur in the first quarter of the year; the third quarter stands next, the second next, and the fourth next. In the south of Europe it has long been the popular belief that summer and autumn are the most sickly seasons of the year; but as a matter of fact winter is, in all European countries, the season of the greatest mortality; and it has been shown that the more severe it is the greater is the mortality. Hippocrates says (op. cit.) of the fatality of particular seasons: "The greatest and most dangerous are the two solstices, and especially the summer, and also the two equinoxes, but especially the autumnal." A glance at the above figures shows that this statement does not hold good in the United States; but the greater number of deaths in June than in December is principally due to an excessive infantile mortality in cities. Winter would seem to be the most natural season in which to die, and, in fact, it is then, and not in summer, that the majority of old people die. Thus, in the city of Philadelphia, during the year 1877, there were 639 deaths of persons over 80 years of age, and of these 62 died in January, 51 in February, 85 in March, 68 in April, 49 in May, 64 in June, 42 in July, 38 in August, 47 in September, 37 in October, 35 in November, and 62 in December; or in other words, of the whole number there died during the six months ending June 1st, 376, and during the six months ending December 1st, 263—a difference of 113. I may say that the figures for March, June, September and December are a little larger than they should be, which arises from the fact that for each of these months the deaths of five weeks are reported. An average of the years 1845–1874 gives the order of mortality of the months, for persons over 80 years of age, in London, as follows: December, January, February, March, April, November, May June, October, September, July, August.

Recurring to the monthly death rate of either sex in the nation at large, it will be noticed that the order of the months, according to the mortality in each, is the same for both—a rather remarkable thing: it is as follows: March, May, August, April, February, September, July, January, October, December, June, November. I will give the order for either sex in a northern, a middle and a southern State. For Vermont, the order for males is, October, March, April, August, September, February (with May, January, June, July, and December equal), November; and for females, March, October, May, August, September, April, June, November (with February, July and January equal), December. For Pennsylvania, the order for males is, March, April, May, February, July, August, January, December, June, October, November; and for females, March, May, April, February, July, January, August, December, September, June, October, November. For Georgia the order for males is, May, March, April, January, August, February, July, September, December, June, November, October; and for females, May, April, March, July, August, February, January, June, October, December, November.

I will now give the percentage of the deaths, exclusive of still births, of either sex, in Philadelphia, for each month of the year 1877; carefully calculated from the figures in the Health Officer's Report, it is as follows:—

MONTH.	MALES.	FEMALES
January	7.56	8.07
February	6.81	6.92
March	8.68	9.42

April	8.69	9.05
May	8.86	8.17
June	8.57	8.03
July	11.76	11.52
August	10.13	9.13
September	6.94	7.36
October	7.17	7.03
November	6.72	6.77
December	8.11	8.53

It will be observed that the months in which there is the greater percentage of the deaths of females than of males are, in order, beginning with the one in which the difference is greatest, March, January, September, December (same as last), April, February, November; and the months in which there is a lesser percentage of the deaths of females than of males are, in like order, August, May, June, July, October. In comparing the weekly mortality of the two sexes, I find that the week ending March 24th is the one in which the excess in the number of deaths of females is greatest, there being 190 to 161 of males; and that the week ending September 1st is the one in which the excess in the number of deaths of males is greatest, there being 195 to 135 of females. In London, from 1845 to 1874, on the average, the months in which there was a greater mortality of females are, in order, beginning with the one in which the difference is greatest, December, January, February, September, November, March; and the months in which it was a lesser are, in like order, June, July, May, April, August, October. It has been observed of the mortality of males and of females, in London, and the same observation holds good in regard to it in Philadelphia, that the time of the year when the death rate of females is higher than that of males, is when diseases of the respiratory organs are most fatal, and the time when the death rate of males is greater than that of females is when diseases of the nervous system are most fatal. The months in which more females than males die are also, in both cities, the months, on the whole, in which the ordinary zymotic diseases are most fatal. The order of fatality of the four quarters of the year in Philadelphia is the same for either sex, and is as follows: The third, the second, the first, the fourth. The order of the months, according to fatality, for males, is, July, May, August, January, April, October, June, March, December, February, September, November; and for females, July, May, January, March, April, August, October, December, June, February, September, November.

The reader will find it interesting to compare the monthly death rates of Philadelphia with those of the United States as a whole; and as a basis for other not less interesting comparisons, I quote the following remarks on the death rate of London, by Mr. Buchan (op. cit). The mortality from all causes, and at all ages, shows a large excess above the average from the middle of November to the middle of April, from which it falls to the minimum in the end of May; it then slowly rises, and in the third week of July suddenly shoots up almost as high as the winter minimum of the year, at which it remains till the second week of August, falling thence, as rapidly as it rose, to a second minimum in October." The order of fatality of the months, on the average, for the years 1845–1874, in London, is, December, February, January, March, August, November, April, July, May, October, June, September.

In this connection, I may quote the following from Dr. Thomas Bateman's "Reports of the Diseases of London" (1819), as the order of fatality of the months in that city, on the average, from 1732–1746: January, March, February, May, November, December, September, October, April, August, June, July.

It would be interesting to look for the reasons why each of the months is not equally fatal to both sexes, and to dwell on many points suggested by what precedes; but space forbids me to prolong the study. I may remark, however, in conclusion, that if the facts, and their bearings, of meteorology were understood, and properly regarded, the mortality of the sex should not vary much from month to month. Of course, at present a great deal is done to counteract the effects of the weather throughout the year, but from the figures given above it may be justly inferred that much more might be done.

MULTIPLE CEREBRO-SPINAL SCLEROSIS AND PARALYSIS AGITANS.

BY HUGO ENGEL, A.M., M.D.,

Lecturer on Electro-therapeutics at Jefferson Medical College, Physician to St. Mary's Hospital, etc., etc.

Only a few years ago a celebrated professor, when lecturing on paralysis agitans, included in his classical description of this disease many symptoms which we now know, at least since Charcot's clinical observations, are diagnostic of an entirely different disease, viz., multiple cerebro-spinal sclerosis. The importance of recognizing which of the two affections we have in a given case before us is so great, as regards a prognosis quoad vitam, that I think it not superfluous to place the two following cases on

record, which several months ago came under my observation, and I consider their publication the more indicated, as both were typical cases of the diseases they represent, and as they will give me the rare opportunity of illustrating on them the main and salient points of difference between the two affections. Before reporting the cases and commenting upon them, I wish to say that I shall not allude, in these following lines, either to chorea or to cerebral or spinal sclerosis alone. The first two can never be mistaken for paralysis agitans, while the latter gives us the picture of a chronic myelitis, which, in reality, it is, and whose symptom-complex will vary according to the fact if the anterior or posterior columns or any other part of the medulla spinalis are the seat of the lesion. We must, besides, not forget that paralysis agitans is never based on recognizable anatomical changes in cord or brain, though it may (F. Schultze) occasionally be accompanied by sclerotic nodules; while in multiple cerebro-spinal sclerosis we have always to do with an affection resulting from severe morbid lesions in the nerve centres. Of paralysis agitans, so many carefully executed post-mortem examinations have failed to show any lesion whatever (Kuehne, Charcot, Joffroy, etc.), that we are forced to admit that this disease is not based upon visible anatomical lesions, and that the cases in which (Skoda) gross alterations were found had been simply complicated by such, but were not produced by them. Of multiple sclerosis, though, no case has as yet been found except accompanied by its characteristic lesions. As now well known, the alterations appear in more or less numerous spots and nodules, scattered all through the nerve centres, and are mostly visible to the naked eye. These spots have a grayish-yellow color, are of jelly-like consistence, more or less sharply circumscribed, when older, somewhat denser than the surrounding healthy nerve structure, from half an inch to even four inches long, and present under the microscope the type of an interstitial chronic myelitis. The trabeculæ of the neuroglia are thickened, and we find in these sclerotic patches proliferation of the nuclei, large spider cells, gradual transition into fibrillated connective tissue, parallel bundles of fibrils close together, and between them remains of the medulla, fat and granule cells, free fat, etc., (Erb). This the lesion in multiple sclerosis. As before mentioned, there is no lesion in paralysis agitans common to every case; no lesion that with good cause could be considered the anatomical basis for the disease.

B. C., 63 years old, used to work at heaters, and mostly in cellars. He came to me September, 1878, and gave the following history of himself: Mother died in childbed, two days after he was born. Father lived to high old age, and succumbed to apoplexy. Patient had only two brothers; one of them was killed in the war; the other, only two years older than he, is alive and well. Six years ago, after he had been working for a whole week in a cellar in which there had been a great deal of water, which, in order to enable him and his fellow workmen to put up the heater, had to be pumped out, he went home on a Saturday evening, feeling unwell and chilly, and being utterly exhausted and tired. He slept fairly during the following night, but the next morning seemed to be "stiff all over." When reaching out with his arm to grasp the coffee pot, at breakfast, he felt his arm trembling. He had never been drinking to any excess, but had taken, while working in the damp cellar, every day, two small doses of whisky, to "warm himself," and attributing the trembling to the whisky drinking, a fact of which he often before had heard people talk, he took a good dose of the stimulant, to "steady himself," but without effect. The trembling never left him any more. He worked then with his left arm, but soon this too became affected. A year later he found his legs trembling, until he gradually got into his present condition. His strength, which seemed to him for a long time after the beginning of the trembling not to be affected at all, had later gradually left him; he walked now as if he wanted to fall forward all the time, and touched the ground almost only with his toes; and as far as muscular force is concerned, he presented the picture of a physical wreck. He could not hold a hammer tightly in his hand; the trembling was continuous, day and night, and only somewhat less marked in lying down; when sitting quietly the trembling did not seem so strong, but it never was absent. His muscles all over the body were somewhat atrophied, felt very hard to the touch, and there existed a slight contraction at the elbow and knee joints; the joints all felt more or less stiff; his head did not tremble; when speaking it sounded somewhat like stuttering, and this again was undoubtedly produced by the trembling of his muscles, and not due to disturbed innervation. The sphincters of the bladder and rectum were unaffected; he had a feeling of numbness and pricking sensations in his hands and feet; and the electrical test gave proof of the existence of some anæsthesia in the forearm and inner sides of his legs. A slight systolic murmur was heard over the heart, with its point of great-

est intensity just above and to the left of the apex beat; the heart seemed to be in a state of dilated hypertrophy.

We had, therefore, here a case of an old man, with possible regurgitation of the mitral valve, who came from a family with no neuropathic history, who, after exposure to damp, while hard-working, was seized with a tremor, that gradually invaded all the muscles of the body. This tremor was not influenced by psychical excitations or voluntary motions; it continued in any position the patient might occupy, erect or recumbent; the head was not appreciably affected, neither the sphincters of bladder nor rectum; there were disturbances of general sensibility, and in the same ratio as the duration of the tremor, *i.e.* the length of time of its existence, increased, paresis of the muscles set in and progressed; the functions of the brain, the faculty of speech included, were not affected.

No remedy except hyoscyamus seemed to be of any avail; the extract of henbane was gradually increased to gr.xxj, t. d., when the tremor had nearly totally ceased. I had cautioned the patient never to omit his medicine (in pill form), but one day he did so, notwithstanding my directions, and the tremor returned with an intensity it had never shown before. The patient concluded, therefore, that I was only experimenting with him, and no persuasion could ever bring him to my office again.

Toward the end of last year I was called to see H. R., a physician. The patient, when I saw him first, was in the following condition: When sitting or lying quietly in the recumbent position, nobody would have thought of the presence of any disease. But as soon as the patient made the slightest motion all the muscles used for that purpose would commence the most violent shaking, and if the patient tried to stand, the paresis of his legs and the violent tremor, which at that same moment affected every muscle of his body, the head included, would prevent him from doing so, so that he had to be supported, to prevent him from falling. Some of his motions were clearly ataxic. The urine had an ammoniacal odor, and was more frequently passed than is the norm, even during the night; symptoms which, I am satisfied, were not due to a coexisting but well attended to stricture, but to the spinal lesion. The speech was a scanning one; his eyesight had become worse; his memory failing; there was no disturbance of sensation, but the muscles did not react equally well to the faradic current; the muscles of the extremities were in a state of paresis; the bowels inclined to diarrhœa; the abdomen was tympanitic and swollen; the extensors, especially those of the left leg, were hard and tense; a slight contraction existed at the left knee; otherwise the muscles, when at rest, felt flabby. Besides the cerebro-spinal one, there was no organic lesion, except some slight old consolidation of a part of the apex of the right lung.

From the reasons given above, it will be concluded that walking was impossible. I elicited the following history: R.'s father had, according to description given me, died of some bulbar trouble. About four years ago R. had occasionally giddiness, headache, and two years ago, a kind of apoplectic attack, after which the muscles of his extremities became weaker and weaker, until at last almost paraplegia set in. To the paralysis was later added a violent shaking, which would only take place on motion, but never when the patient was in a quiet position. Every six weeks so-called stomach crises set in, lasting about two days each time.

We have here some dizziness, uncertain gait, an apoplectiform attack, gastric troubles, paralysis, then tremor, disturbances of coördination, some rigid and partially contracted muscles, bladder symptoms and phenomena of beginning bulbar affection. And what made the latter case a more typical one yet, was the result of treatment.

When seeing the patient first, who some months before had been forced, by his failing strength and increasing paralysis, to give up a highly lucrative position, he was so weak and shaking that he could not perform alone the most necessary functions of the individual. Recognizing his trouble, I gave him nitrate of silver, used electricity, and recommended manipulation. By the latter I do not mean the foolish rubbing and pinching of the bare skin, as is, I am sorry to know, often employed yet under the name of massage, but that manipulation which is based on good anatomical and physiological knowledge, as taught by the Swedish gymnastic cure, and as in this city it is made use of in the most skillful manner by only one gentleman, a disciple of Eulenberg, Mr. J. Ruebsam.* Perhaps only by this manipulation the patient was able in a few months to walk all over his house, and soon after to attend to his practice again. I am sorry, though, to know that there is no case on record as yet, in which these sudden ameliorations and improvements, setting in often after the most different kinds of, and sometimes without any, treat-

* His office is 1202 Vine Street.

ment, ever were of long duration. They are almost pathognomonic of multiple sclerosis, and may continue for some years, but at last the symptoms all return with renewed vigor, and to more apoplectiform attacks difficulties of deglutition and respiration are added, bulbar paralysis makes more and more its sad appearance, and inevitably at last death sets in gradually, or some intercurrent disease ends suddenly the miserable existence.

These remarkable ameliorations can, in my opinion, only be explained by the following theory: The motor impulses from the brain and the sensory impressions from the periphery select new paths along which to travel, and suddenly all the pathological symptoms disappear, as soon as they have succeeded in establishing the new paths; after a while—longer or shorter—these new channels, too, are invaded by the sclerotic process, and the disease shows itself again in its full power, until at last the morbid changes, especially those in the medulla oblongata, are not consistent with life any more, and the curtain drops.

In conclusion, I shall group the main differential symptoms of multiple cerebro-spinal sclerosis and paralysis agitans once more, in a tabular form.

MULTIPLE CEREBRO-SPINAL SCLEROSIS.	PARALYSIS AGITANS.
First appearance at the age of 20–45 years.	Always after 55 years.
Commences with vertigo, uncertainty of gait, psychical disorders, headache.	No brain symptoms.
This is followed by paresis and paralysis, to which later the shaking is added.	Begins with fine tremor, after whose existence for some time gradual impairment of motion sets in.
Impairment of sight, nystagmus and impairment of speech.	No such symptoms.
Rarely ever, and then very mild, sensory disturbances.	Always disturbances of general sensation.
Apoplectiform attacks, gastric crises.	No such symptoms.
Tremor consists of long oscillations, real shaking.	Tremor resembling very small, fine oscillations.
Shaking only on motion.	Trembling constant, not specially influenced by motion.
Disappears in recumbent position totally.	Does not change by position.
Head always affected.	Head never affected.
Bulbar symptoms.	None.
Bladder and rectum always implicated.	Never affected.
Occasional sudden disappearance of all the symptoms for greater or lesser time.	Continuous to death from other cause.
Always fatal.	Does not seem to influence duration of life very much.

It does not appear to me possible that any of the above-mentioned diseases could ever be mistaken for chorea. A comparison of the symptoms of the latter disease with those described in this article will show the difference. The lancinating pains, the absence of tremor and of disturbances of speech, the reeling on the eyes being closed, and the non-appearance of the psychical and other brain symptoms, prevent us from mistaking locomotor ataxia from the affections we had here to do with.

319 *North Fifth street.*

TREATMENT OF STRICTURE AND GLEET WITH GALVANISM, WITH REPORT OF CASES.

BY O. E. HERRICK, M.D.,
Of Greenville, Mich.

While using the galvanic current in the treatment of uterine diseases, the application of which was described in a previous number of this journal, I determined to try its efficacy upon the above mentioned diseases. Having a couple of cases on hand, I proceeded in a similar manner to that described by me for the relief of ulceration of the os uteri and vaginal leucorrhœa, viz., by simply attaching a copper wire to a silver catheter at one end, the other end to a zinc plate held in contact with the body by a bandage, while a sponge acidulated with vinegar was placed in contact with the zinc; this produces a current sufficiently strong for the purpose. I have found that patients are usually enabled to wear this apparatus twelve hours out of the twenty-four, say six hours during the day and six at night. The results have been most satisfactory to me; perfect success has attended its application in every case.

Case 1.—Mr. L., aged about 45 years, had contracted his first gonorrhœa about twenty years ago, which was followed by a stricture. He submitted to some kind of an operation, which, he says, relieved it until he contracted gonorrhœa a second time, several years after, when he was again troubled with the stricture, but did not have another operation performed, and it has troubled him at intervals ever since; but he had learned to introduce the catheter himself, and got along without serious trouble until about six months ago, when it became so bad that he could not introduce the instrument himself; he then

called in a physician, who, after repeated attempts, also failed to introduce it; another physician was called in to assist him, when they concluded to administer chloroform, which they did, and after operating two hours, and failing, they desisted, and left him for the day, but returned the next, and after again chloroforming the patient, succeeded in making a false passage, but did not get the catheter into the bladder; they then desisted and again left the patient to himself, who during the night succeeded in emptying the bladder, probably from the relaxing influence of the chloroform. He continued having more or less trouble in passing his urine for a couple of months, when I was called in, and found him in great pain, and discharging large quantities of pus from the false passage in the urethra, while the stricture was as troublesome as ever. I attempted to pass a No. 6 catheter, but the parts were so tender that I was forced to cease any further efforts in that direction. I then applied the apparatus described above, putting it on about 4 o'clock, P.M. He wore it until 12 o'clock, P.M., when I again saw him; the pain had almost entirely subsided, and when I removed the catheter (which had only been introduced as far as the stricture), he was able to pass his urine with little trouble. I left it out until 9 o'clock the next morning, when I again applied it, and left it until 2 o'clock in the afternoon, at which time I again saw him. He had been entirely free from pain, and the discharge had almost ceased, while I found no trouble in passing a No. 6 catheter into the bladder. The treatment was continued for five days, when I discharged my patient, with the instruction to wear the apparatus two or three hours out of the twenty-four for a week or ten days longer, which he did, and he now reports that he has had neither discharge nor stricture since, and declares himself as well as ever.

Case 2.—Mr. B. contracted a gonorrhœa about fifteen years ago, and has suffered from stricture at intervals ever since. He also had learned to pass the catheter himself, but about two months ago his stricture had become so bad that he was no longer able to pass the instrument himself. I was called then, and after considerable difficulty succeeded in passing a No. 5 catheter, after which he was treated the same as Case No. 1. He wore the galvanic apparatus about one week, and has had no return of either stricture or soreness since.

I am aware that galvanism is an old remedy in the treatment of strictures, but the manner of application is, I believe, new, and perhaps will be of interest to the numerous readers of the Reporter. Galvanism as heretofore tried in cases of stricture, has been with a battery, and could only be tried by sittings of from a few moments to an hour at the longest; while the current was necessarily stronger than by this method, to which fact, I believe, may be ascribed the many failures to get the relief galvanism should afford in such cases.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

CLINIC OF PROF. J. M. DA COSTA.

REPORTED BY FRANK WOODBURY, M.D.

(*Concluded from p. 342.*)

Cases of Bright's Disease Continued — Treatment of Uræmia.

Here is our uræmic boy. You would hardly recognize in this bright boy, who walks into your presence this morning, the one who was carried in at our last lecture, dull and stupid, and threatened with coma. I take him up again this morning to let you know what has happened since you saw him when suffering from uræmia. In regard to the treatment, it may be stated in brief, that he took large doses of benzoic acid for a few days, with marked benefit; he passed urine freely, and became less and less drowsy; the kidneys acted well. I must not forget to say that free purgation has been a part of the treatment. He was dry cupped over his loins, followed by hot applications, and had several vapor baths, that produced general perspiration. At the end of the fourth day I stopped the benzoic acid, as it began to disagree with his stomach, and put him upon another acid, muriatic, of which he took ten drops three times a day. He is now doing well.

Death from Uræmia.

We will take up again, for a moment, another of these cases, that of Theodore J., of bed No. 8, men's medical ward. He was the last of the series shown at our clinic one week ago. He was taking Basham's mixture, you will remember. It was a case in which great changes were going on in the eye, for I read the report, showing the condition of albuminuric retinitis.

This patient has died since last Saturday, though not in this hospital. He went out on a pass, on the same day that you saw him, and died two hours afterward, in convulsions. The report was brought to us after he was dead; we, therefore, did not see him during his attack, but I can tell you how it happened. He died of *uræmia*. The case of uræmia in the boy was in a similar danger of death, but it was averted by proper treatment. The man, most likely from some exposure, had stoppage of secretion from the kidneys, and at once uræmic convulsions overtook him. I do not know whether or not all the consequences could have been averted had he remained in the hospital, but we might have saved his life.

Effects of Chronic Alcoholism—Chronic Interstitial Nephritis—Cirrhotic, Granular or Contracted Kidney.

The next case is that of George D., occupying bed No. 34. He is thirty-eight years old, and has been a hard drinker for years. He has had delirium tremens twenty-four times, and has had some of the not unusual consequences—fractures of the femur and skull, and a number of smaller injuries. For many years he has been in the habit of rising once or twice at night to pass his water. The last attack of delirium tremens was in July, 1877, and subsequently his mind became so affected that he was sent to an insane asylum.

You have here a long-continued and decided history of alcoholism. After exposure to cold and wet, about eighteen months ago, he noticed a general dropsy commencing in his feet; his abdomen subsequently became very much swollen. The attack was accompanied by lumbar pains, frequent micturition, nausea and vomiting. This attack passed off under treatment, but left him subject to swollen ankles. He had some œdema of the feet when he was admitted, June 31st, 1878; he had also moderate ascites, which passed away under treatment.

Now, gentlemen, as regards the other evidences of disease, we found the urine of specific gravity 1.018; it contained about one-fourth albumen; he passed five pints daily; therefore, the amount was copious. A few hyaline and fatty casts were found in the fluid. The examination of his eyes showed that both disks were the seat of granular degeneration of the choroid—one of the forms of albuminuric change.

He has improved very much under treatment. He has been taking, for a long time—

℞. Tinct. ferri chlorid., ♏x
Syr. limonis, ♏l
Aquæ, ʒ iij. M.

Taken thrice daily, in a wineglassful of water.

A little wine has also been given him occasionally, but no spirits; he has had a good, nutritious diet.

His dropsy has wholly disappeared, and were it not for his blood, which is not thoroughly in good condition (his face is pale and his conjunctivæ pearly), and were it not for the presence of disease of the kidney, which we have determined by the albuminuria and casts, you would not think him a very sick man. I will examine his lungs. His chest is a little less clear on the left side than upon the right; the respiration, also, is not quite so distinct on the left, but there is no evidence of marked lung trouble; yet I should, in fairness, tell you that he has had a number of attacks of severe cough, and has been spitting small amounts of blood since admission, though from congestion of the lungs, not connected with any permanent organic lesion. The heart impulse is marked and distinct; percussion dullness is increased, therefore, a moderate amount of cardiac enlargement exists, or more exactly, hypertrophy with commencing dilatation. Thus far we have examined the heart and lungs. Passing to the liver, we find that it comes barely to the border of the ribs. The spleen is slightly enlarged. There is no ascites at present, and no swelling of the surface; the dropsy has entirely disappeared.

What is the matter with our patient? Of course, he has Bright's disease; that is agreed upon, as the case belongs to the series we are discussing; but what form? In this instance I show you a case of contracted kidney, a cirrhotic kidney, a gouty or granular kidney. All these names are given to it, and it is sometimes called the alcoholic kidney, to show from what the disorder arises. In other words, you have the changes that occur in the organ as it undergoes fibroid degeneration, and afterward contracts. The tubular part of the kidney becomes more and more compressed and atrophied, the degeneration also seriously involving the secreting and cortical substance. From the progressive deposit, and consequent contraction, result the granular degeneration and cirrhosis. The condition of the tubules is partly the result of the pressure of the new deposit, and partly from direct involvement in the inflammatory changes.

Now, gentlemen, this cirrhotic change is not uncommon in persistent alcoholism; for the abuse of spirituous liquors tends directly to cause this form of kidney disease. We have before us a case that is typical of the condition, and which follows the rule as to its causation. He has immensely improved under the treatment, and by abstinence from spirits. He has been taking iron, in one form or another, for a long time, and due attention has been paid to his diet and his secretions.

Albuminoid or Amyloid Kidney.

I will now refer, in order to make our series complete, to a case of albuminoid kidney which has been some time in the hospital. His name is James H., 26 years of age, a segar maker. There is an old history of hip disease, following an injury at nine years of age, when he fell and sustained a dislocation of the left hip, and other injuries. Three years later abscesses appeared in the groin, and pieces of necrosed bone were discharged, and from that time to the present he has suffered, more or less constantly, from chronic hip joint disease, which now presents the characteristic deformity. He was generally pale, weak, and anæmic looking.

The urine was usually normal in quantity, the daily discharge measuring about three and one-half pints. It was decidedly, although not heavily, albuminous, and contained a few granular and large waxy casts, which were not very numerous; it required a number of examinations to detect them. Upon examination, we found that with this chronic suppuration of the bone there was enlargement of the liver. It was, beyond all question, the seat of albuminoid degeneration, in which the kidneys also participated. There were no heart murmurs; the lungs were normal. I will only add that this man had marked dropsy. He was put upon fluid extract of jaborandi, fifteen drops every third hour, and has been steadily improving. He has also been taking iron.

Acute Exacerbation of Cirrhotic Kidney, with Peritonitis and Pleurisy, Simulating Typhoid Fever.

This is a case in which there is an element of

doubt as to whether it belongs in the series; but let us consider it further. The boy was admitted in a state of collapse. He was taken sick in the ship six weeks ago, and he has been on shore for four weeks. He had diarrhœa, which continued until a few days before admission, lasting, therefore, at least, six weeks. It was persistent, and has since returned. Scybala and mucus, but no blood, were noticed in the discharges. Three weeks ago he had epistaxis; he never had delirium, but he had fever, and was confined to bed ever since leaving his ship. Therefore, for four weeks, even prior to his admission to the hospital, he was confined to bed. He had headache almost all the time. Three weeks before admission great prostration began, with swelling of the abdomen, and the parts were tender. When he entered the ward the pulse was 120, respiration 128, and temperature 100. He was so collapsed after being brought here that an accurate physical examination was impossible. But we recognize peritonitis; also right-sided pleuritic effusion, with partial consolidation of the lung. We tested the urine, and found it contained albumen to a moderate amount (about one-twelfth). But under the microscope it showed a large number of granular casts; some of them were fatty.

This, then, is the record prior to your seeing him this morning. But you find him here in very much better condition than when I first saw him. He is now quite over his collapse. This was accomplished by steady stimulation and a moderate use of opium. Although the temperature was as high as 106°, it has now declined to 101° this morning. He has still the fever-pulse, but it is of much better volume. His abdomen is still somewhat tender and large, but nothing like what it was, nor so distended; the peritonitis is clearly passing away. The heart sounds are feeble, or, to speak more correctly, the first sound is short and sharp, like the second sound, but no murmur exists. Examining the back of the right lung, which I told you had been so congested, we find it is somewhat dull on percussion, but the respiratory murmur is heard tolerably low down; it is evident that the lung is still somewhat congested, but the effusion has largely disappeared.

What is the matter with this patient? Two things might be supposed; two perfectly tenable views might be advanced. And in the absence of a distinct history, which it was impossible to get here, we must choose between these two; either the patient has had typhoid fever, with peritonitis, and the lung complication of typhoid fever, and the kidney complication of typhoid fever, or he has not had anything of this kind, but has had a kidney disease of long standing, with pleuritic and abdominal effusion as a consequence. Between these it is difficult to decide. And I will discuss them, premising that the difficulty is so great that we may chance to be wrong in our conclusion. This doubt will arise in any case, however simple, where we do not know the early history. I believe that it is not a case of typhoid fever. I believe that the view that it is a case which had its root in the kidney disease, with peritonitis and pleurisy superadded, is the correct one. You will say, there is the epistaxis, headache, fever, and the age of the patient. These are all strong points in favor of typhoid fever. You may even say that the congestion of the lung was in favor of typhoid fever, but I still think that the balance of evidence is in favor of the other view.

Let us take these points up for discussion. First, the epistaxis. This we find did not happen till he had been ill three weeks. Please mark this. This is not the kind of epistaxis we have in typhoid fever; it is an early symptom in typhoid, not a late one. Therefore, the time of the occurrence is very important. But epistaxis is also a symptom of Bright's disease. It appears in Bright's disease when the kidney disorder is chronic, and when an exacerbation occurs in the course of the chronic malady. The epistaxis, in the present case, then, admits of this explanation.

Now, for the peritonitis. Does this happen in typhoid? Yes. In Bright's disease? Yes; not unfrequently. But when does it happen? Peritonitis in typhoid occurs with the acute symptoms; peritonitis without perforation is so rare that its possibility has been denied. I will not say so, but will state that, as a rule, it happens after perforation, coming on directly. It was not so here. In typhoid fever it is very unusual to see a case of peritonitis of gradual development. Then the course which the peritonitis has taken is against this view.

Let us turn to the other side of the question. Does peritonitis happen in Bright's disease? It does, at times, and in a very chronic form, and is part of the influence upon serous membranes peculiar to Bright's disease. That such an influence exists in the present case is shown by the coexisting pleuritic effusion. So you see that the case can be explained on the supposition that it is Bright's disease, as well as that it is typhoid fever, and rather better by the former than the latter.

Now, the kidney. You will say that the examination of the urine settles the question. The casts show that it is a case of Bright's disease, and not typhoid fever. But kidney disease may happen as a consequence of typhoid fever. You will not, therefore, be able to lay much stress upon it in the diagnosis. This is the least valuable point in the argument, although we must admit that it is a point. But when I look at the urine report, I find the amount of the albumen moderate, and the tube casts are granular and fatty. Now, a moderate amount of albumen happens in a kidney complication of typhoid fever, but it also happens in some of the chronic forms of disease of the kidney, just as in one of the preceding cases I have shown you, where there was granular contracting kidney. I lay particular stress upon the microscopic appearances, the granular and fatty tube casts. These microscopic appearances are in favor of old kidney trouble, rather than the acute kidney complications, such as would occur in typhoid fever. This is the one point in the case that shows the existence of old kidney disease. In typhoid there are small amounts of albumen and few epithelial casts. The granular and fatty casts belong to old Bright's disease.

I have endeavored to show you that this case may, after all, belong in my series. He has been taking

five drops of laudanum ever hour, with reference to the peritonitis, turpentine stupes and subsequent blistering, and he had enough stimulant to sustain him, half an ounce every two hours, which was found to be absolutely necessary.

Now, what change shall be made in his treatment. You see him better as regards the peritonitis; the pleurisy I have already referred to as having disappeared. Shall we go on with the opium treatment, though, perhaps, not pushing it as actively as before? On account of the Bright's disease my opinion would lead me to discontinue it, as we run a risk of checking the secretions of the kidneys and of producing uræmic convulsion. You remember that I told you that in kidney disease opium must be given with great care. As he is getting so much better, I will reduce it to five drops every third hour, and discontinue it as soon as possible. A blister shall be applied to the right side, followed by poultices. We will also give him ten drops tincture digitalis every three hours, partly to control the circulation and partly to act on the secretions. As he still has diarrhœa, we will give him a suppository of five grains tannic acid and one grain opium, morning and evening.

This completes the series of our Bright's cases. Unfortunately, this last case, which has just come in, has so interested me that it has consumed the time which I had intended to devote to reviewing the cases that have been brought before you. Your notes include, in the series just shown you, cases of all the ordinary varieties of Bright's disease, from the acute attack of parenchymatous nephritis to the more chronic forms of cirrhotic and albuminoid disease of the kidney, including cases exhibiting an acute exacerbation in the course of chronic disease, even simulating typhoid fever. Their clinical histories and points of diagnosis are still fresh in your minds, and the principles of treatment I have indicated in passing. They are to watch the function of the kidneys, and if there be insufficient elimination of urea and waste products, as shown by a marked reduction of the proportion of solid matters in the urine, even though the water may retain its usual standard, or even be increased, you must treat your case as if threatened by great danger. And the onset of uræmia is all the more to be suspected if the patient be rather drowsy, or complain of dull headache, particularly if otherwise unaccountable and persistent vomiting come on, with a clean tongue, and with constipation. As a rule, in the treatment, I have found that the greatest reliance is to be placed in remedies that build up the system and improve the condition of the blood; iron, in one form or another, is almost indispensable. In chronic parenchymatous nephritis ergot is valuable, especially if an acute attack is superadded, with more or less congestion of the kidneys. For the relief of the dropsy we have Basham's mixture and digitalis. Jaborandi is still under trial, but in my experience has proved itself to be the best diaphoretic that we possess.

Editorial Department.

Periscope.

Treatment of Catarrh of the Stomach.

Dr. Kuster, of Berlin, quoted in the *British Medical Journal*, says he has had a great deal of experience in the treatment of the above-mentioned disease. He does not approve of the use of the stomach pump, it being rather an awkward and unwieldy instrument to handle, both for physicians and for private patients, who generally object to it. Among the large number of drugs which have been used in gastric catarrh, he decidedly prefers only three, viz.: hydrochloric acid, Carlsbad salt, and nitrate of silver. He administers them in the following doses: Of hydrochloric acid he gives from five to eight drops, to be taken in a wineglass before and after meals. The dose of Carlsbald salt is one or two teaspoonfuls dissolved in hot water daily. Nitrate of silver is given in the form of pills, containing each 5 milligrams (.075 grain) of nitrate of silver and 7 milligrams (.105 grain) of extract of belladonna. Each of these drugs seem to fulfill special indications, and to counteract in some way the effects of the other. According to the author's theory, they should be used as follows: Hydrochloric acid is only useful in such cases where the catarrh of the stomach or the disagreeable sensations experienced shortly after food are caused by a scanty supply of the gastric juice, especially gastric acid. It will also prove very useful when the patient complains of loss of appetite, pains and pressure on the stomach after food, especially after meat, and of profuse diarrhœa, but does not suffer from flatulence or acid eructation. These symptoms are caused by the want of acid in the gastric juice, and will, therefore, be removed as soon as an acid is introduced. Persons who smoke generally suffer from want of gastric acid, the secretion of which is probably rather lessened by the nicotin which is swallowed in smoking. Carlsbad salt must be used in cases which are diametrically opposed to the above-mentioned. It is most efficacious in neutralizing the surplus amount of acid, when there exists an over-secretion of it, and in cleansing the stomach from large quantities of mucus, which generally accumulates in it. It acts in a certain way very much like a stomach pump, *minus* the disagreeable sensation of having a tube put down one's throat. As for nitrate of silver, it has not been proved in what cases it is most efficient. It has been used a great deal in ulcers of the stomach; but the author is of opinion that this is rather a danger-

ous practice. He has given it without any special indication in cases where there were no symptoms of ulcers, and has always found it to be extremely useful. He has also used it with some success in the treatment of females having a tendency to chlorosis and nervous irritability.

Tartrate of Morphia for Hypodermic Injection.

Dr. J. A. E. Stuart says of this substance, in the Edinburgh *Medical Journal*—

Tartrate of morphia is a white powder, not at all unlike the muriate of morphia in appearance, bitter to the taste, and although quite soluble in cold water, yet the solution so formed is milky, so it is better to use hot water. It is soluble in water to a great extent, without either the aid of acids or spirits; indeed, the solution for hypoderime injection made from it is of the same strength as the Pharmacopœia injection, viz.: 40 grains to the ounce, or, in short, 1 grain of the tartrate in 12 minims of the solution, so that 2 or 3 minims is sufficient for an injection. The advantages which this solution possesses for hypodermic injection are these: 1. It is bland and unirritating, being as mild as water, whereas the Pharmacopœia injection is intensely irritating, even when prepared by the most experienced chemists. 2. The solution of the tartrate can be kept fresh for any length of time, while the Pharmacopœia injection soon changes color and goes wrong. 3. The ease with which this solution of the tartrate is prepared, by merely weighing out the quantity and dissolving it in a certain measure of hot water. The tedious process of the British Pharmacopœia, consisting of repeated filterings and neutralizings, stands out in contrast to this easy process. 4. The concentrated nature of this solution renders it a very convenient form for administering by the mouth, as it occupies such a small space, and can be carried most conveniently.

Kumyss in Infantile Diarrhœa.

Dr. E. F. Brush says, in the New York *Medical Journal*—

It is to me a fact conclusively demonstrated, that all diarrhœas of infants commencing with green discharges are due to the non-digestion of sugar; and secondly, I believe that the larger percentage of intestinal disturbances in bottle-fed children is due to the unfixed condition of the casein; that is, the casein is in a fit state to undergo rapid change, notably, the hard coagulation due to lactic fermentation, followed by putrefaction. For instance, city milk, when delivered to the consumer, is ordinarily from thirty-six to forty-eight hours old, by which time lactic fermentation has always commenced. When milk of the above age does not affect the litmus, its acidity has been neutralized by the addition of lime or soda, and this neutralization, by the way, increases the action of the lactic ferment. When the milk reaches the stomach, where the temperature is increased to above 95° Fahr., the most favorable degree of heat for lactic fermentation, the latter becomes very rapidly complete, and the hard, indigestible coagulation takes place. After lactic fermentation is complete, putrefactive fermentation immediately follows. This is the condition when vomiting occurs, and any of the casein which reaches the intestinal tract acts as an irritant, on account of the putrefaction that is taking place.

Now, the beneficial effect of kumyss in diarrhœal diseases is accounted for, first, by the total absence of milk-sugar which characterizes it, this principle having been broken up into alcohol, which answers the double purpose of being a hydro-carbonaceous food and of promoting absorption; secondly, by the fixed condition of the casein. In kumyss we find this principle finely subdivided, ready for absorption, incapable of being coagulated, or, under ordinary circumstances, of undergoing putrefaction. Last summer I took a specimen of kumyss and the same quantity of the milk from which the kumyss was prepared, and placed them both in open vessels in a window, the weather being very warm. When, after a few days, I examined them, I found the milk alive with maggots about an inch in length, and giving off a very offensive odor, while the kumyss was practically unchanged, there being no evidence of life about it, the taste being that of ordinary kumyss, and the odor simply that of new cheese.

Ergotine Suppositories in Uterine Fibroids.

The following is one of several cases reported by Dr. Robert Bell, in the *Lancet*:—

The patient, eight years ago, fell from a height of six or seven feet while swinging on an ordinary child's swing. This gave way, and she was precipitated on her back, whereby the uterus was displaced backward. From the date of the accident she has been more or less lame, the pain, while walking, always being located in the sacral region. About eighteen months ago she fancied the abdomen was swollen, she experienced a feeling of fullness in the pelvis and a difficulty when at stool. On examination, I found the uterus to be acutely retroflected, and the fundus was very much enlarged, quite to the extent of a pregnancy of two months. The contour of the tumor was quite regular. I suspected a fibrous polypus, and with a view of bringing this into the vagina, a suppository containing four grains of ergotine was ordered to be used every night, irrespective of any bloody discharge from the uterus, as this was both frequent and copious. This treatment was pursued for three weeks, when the tumor was expelled. It presented the appearance of a fibroid undergoing decomposition, but there was no smell indicating putrefaction. Studded over the surface of the mass were large areas of fatty deposits, and the whole tumor was in a state of fatty degeneration. The subsequent treatment of the patient consisted in passing the sound and rectifying the position of the uterus twice a week, and introducing behind the organ a plug of cotton saturated with glycerine. This was done for four weeks, after which I introduced a Hodge pessary, and now the patient expresses herself as feeling perfectly well.

I would urge all who would employ ergotine in such cases, or, indeed, in any disease, to be

sure that they are being supplied with a good article, or, I need hardly add, disappointment will most certainly follow. This caution is the more necessary, as ergot of rye is so often supplied to the trade which, when examined, is found to be absolutely useless as a medicinal agent. We cannot, therefore, be too careful in our selection of the drug, nor too particular in our investigation of the efficiency of each individual sample.

Treatment of Whooping Cough.

Dr. J. J. Caldwell writes to the St. Louis *Medical and Surgical Journal*—

My mode of treating epidemic whooping cough was very simple and ready, viz.: to place Codman & Shurtleff's steam atomizer in position on a table before the patient, charged with—

℞.	Fl. ext. belladonnæ,	gtt vj–xij
	Ammon. brom.,	℈ j
	Pot. brom.,	℈ ij
	Aquæ dest.,	f. ℥ ij.

This spray is rapidly carried over into the face, mouth, and lungs of the child, and applied ten to fifteen minutes, until the pupils are dilated by the effects of the belladonna mixture; this application to be made morning, noon and bedtime. This has so far cut short the spasmodic cough within two or three days uniformly, and almost to a certainty. More recently we note reports of cases of pertussis successfully treated (almost instantly) by the inhalation of sulph. ether, in this instance discovered by Dr. ——, while dressing a fracture of a child suffering from whooping cough. The first administration cut short the malady then and there. The Doctor followed up this experience, with the happiest success, the history of which he has given to the medical journals, thus again sustaining my theory of its neurosis and the good effects of anæsthetic treatment.

The Magnet in Lead Palsy.

At a meeting of the Medical Society of Paris, in January last, Dr. Debove reported a case of hemiplegia, brought on by lead poisoning, cured by a single application of magnets, in a patient who was not hysterical. The patient, aged 26, a painter by profession, was received into the Hôtel Dieu in August, 1878, suffering from symptoms of lead poisoning, such as convulsions, coma, etc. These symptoms disappeared in a few days, but the patient retained a complete left hemiplegia. There is no doubt now that saturnine hemiplegia really exists, five or six cases having come under observation, the first of which has been observed and described by M. Vulpian. M. Debove was, therefore, fully justified in considering the present case as a similar one. From August till January the patient remained in the same state, without improving much. Both the mobility and sensibility of the whole left side were affected; if pricked with pins, the patient only felt the pricks on the inner surface of the arm. The left side of the tongue was affected in a similar manner; the sensation of taste was lost on the left side of the tongue; the left side of the pharynx could be tickled without provoking any reflex movement; the patient could not smell with the left nostril; his hearing was affected in the left ear; the left cornea was insensible; the visual perception had also greatly decreased; the retina was partly insensible. There were also scotomata of the left eye. M. Debove resolved, then, to try the experiment of applying a magnet to his patient. He accordingly took him to the Salpêtrière, where all the necessary apparatus are to be found. The patient's left hand was placed between the two poles of Faraday's electro-magnet, and in a very short time, not only general sensibility, but also the particular sensibility of some of the organs of sense, was restored. During the following fortnight the patient progressed favorably, and has now almost entirely recovered both sight and smell. The sense of taste alone was not quite restored, and the sole of the left foot has remained insensible.

The Exhibition of Digitalis.

The following remarks were made at a meeting of the Atlanta Medical Society, reported in the Atlanta *Medical and Surgical Journal*:—

The President desired to know the result of the administration of digitalis in the hands of the different members, and also the doses given.

Dr. Salm stated that he had given the tincture in ten-drop doses.

Dr. Cortelyou had taken Squibb's fluid extract in ten-drop doses every four hours. Reduced the frequency of his pulse very perceptibly. Alternated the digitalis with aconite. Had used it afterward in ten-drop doses, and always reduced frequency of pulse. Did not notice marked effect on urine.

Dr. Miller gave it formerly very frequently. Lately has confined its use to cases of kidney disease. Gives tincture in ten-drop doses, continued for short periods only, as he thinks there is danger in its administration for long continued periods. Cites the case of an old man with hydrothorax, to whom he had given digitalis with great relief. The following year it was prescribed by some one else in larger doses and for a longer time, and the patient died from effects of medicine.

Dr. Conally has a patient with cardiac valvular trouble, to whom he gave digitalis in two-drop doses once or twice a day. No good result followed, when he increased the dose to five drops, since which time the improvement has been marked.

About a year ago he had a case of anasarca in which he administered digitalis, but with no effect. Diuretic action of drug marked in present case; not marked in one of a year ago.

The President asked Dr. Miller if he thought the digitalis was absorbed in those cases of delirium tremens where drachm doses of the tincture were administered? Dr. Miller thought not, but gave as his opinion that full doses of *time* were the best remedy in that disease.

The President then asked if the danger from the exhibition of the remedy had not passed when the diuretic action was once produced? Dr. Miller does not use it after he obtained that result, that being the object of his giving it.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"The Voice," a monthly newspaper, devoted to voice culture, is published at Albany, New York, by Edgar S. Werner. The fourth number, which is before us, contains a translation from Dr. H. Klencke, on the cure of stuttering; an explanation of Gunther's method; a paper on the beginning of speech, by C. E. Smith; art gossip, musical gossip, artificial vocal apparatus, on deaf mutes, etc.

——Electrolysis as a means of removing hair is well spoken of by Dr. G. H. Fox, in a reprint from the *Medical Record*. He observes:—

"The soft, downy hairs which often grow luxuriantly upon the upper lip and cheeks of certain women are not amenable to treatment, and fortunately these are not incompatible with female beauty. But whenever the hairs grow long, and strong and dark, producing a serious disfigurement, it can be safely asserted that they may be permanently removed by means of electrolysis."

BOOK NOTICES.

Hints in the Obstetric Procedure. By William B. Atkinson, A.M., M.D., etc. Second edition. Rewritten and enlarged. 8vo, pp. 121, cloth. Published by D. G. Brinton, 115 South Seventh street, Philadelphia. Price $1.

The art of obstetrics has been, in many treatises, uselessly obscured by minute and tedious directions, while other works upon it are swelled out of all proportion by long-winded historical and pathological discussions of very little interest to any one but the extreme specialist. A book at once terse, clear and comprehensible, going right at the pith and marrow of the subject, telling the working physician or the student exactly what to do in every emergency, wasting no space in theorizing, written not from other books, but from an experience at once large and well thought out—such a book has long been a desideratum, and we venture to say that here it is. A small first edition was published by the author, and was at once exhausted by the demands of his acquaintances. A second, larger and thoroughly revised edition is now submitted to the public.

The author states his aim to be "to divest this branch of medicine of much of its mystery and dread—a dread too often shared alike by physician and patient." In his second edition the additional matter is mostly inserted for the purpose of giving concise answers to questions relating to the art of obstetrics, which had been propounded to the author by readers of his first edition. This adds greatly to the value of the book, and it may now be said to embrace in the scope of one hundred and twenty pages all the essentials of the art of midwifery.

To students it cannot fail to prove a most excellent little text book. The author is himself a medical teacher of long experience, and knows how to present his subject in a way to make it remembered. Nor is it confined in its utility to students alone. Dr. J. Marion Sims remarked of the first edition, "It is as good for the old as for the young practitioner;" and Dr. Fordyce Barker mentioned the book as one which would be of especial service to many in the profession "who have hitherto followed the routine of the old traditions." Dr. Atkinson is a firm believer in the obstetric art, and in its power to assuage greatly the pains of pregnancy and childbirth; his position is well shown by this sentence in his preface:—

"The great bugbear," meddlesome midwifery, "has too long acted to deter the physician from the performance of his duty as the assistant of nature in this sacred act of the wife and mother."

The work costs so little, one dollar, by post, to any address, that it cannot fail to be a most remunerative investment to every medical student and practitioner in the land.

The Anatomy of the Joints of Man. By Henry Morris, M.A., M.B., Lond. F.R.C.S., etc. Phila., Lindsay & Blakiston, 1879. 1 vol., cloth, 8vo, pp. 462. Price $5.50.

This handsome book contains forty-three lithographic plates, carefully colored from nature, and thirteen diagrams on wood, illustrating the various joints, with their ligaments, cartilages, muscles, and other anatomical relations. The accompanying descriptions were written by the author directly from the specimens before him, and subsequently enlarged and perfected from previous anatomical writers. They have the freshness and accuracy which are sure to result from such a plan.

Mr. Henry Morris succeeded Sir Charles Bell as lecturer on Anatomy in Middlesex Hospital, and is a most able teacher of that branch of science. His present work is not surpassed by any on this subject known to us. It deals exclusively with anatomy proper, the surgical anatomy of the joints not being considered. The typographical execution leaves nothing to be desired.

THE

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THE ADULTERATION OF DRUGS.

One of the growing evils of the day is the adulteration of drugs. The unscrupulous character of dealers who commit this crime—for it is one, although, unfortunately, not so set down in the law books—is apparent when we reflect on its appalling consequences in the prolongation of human misery and the hastening of death. It is often torture, not rarely homicide. Some notion of the extent of these adulterations, both in food and medicine, may be judged from various paragraphs which have been lately floating on the press.

Thus, the *Sanitarian* of a recent date gives these facts:—

"Several mills in New England, and probably many elsewhere, are now engaged in grinding white stone into a fine powder, for purposes of adulteration. At some of these mills they grind three grades—soda grade, sugar grade, and flour grade. I am told that thousands of tons of it have been ground in one town of Massachusetts. It sells for about half a cent a pound. Flour has been adulterated in England, and probably here, with plaster-of-Paris, bone dust, sand, clay, chalk, and other articles. I am told that large quantities of damaged and unwholesome grain is ground in with flour, particularly with that kind called Graham flour. (To detect adulterations of flour, see *Sanitarian*, November, 1877.) Certainly hundreds, and probably thousands, of barrels of 'terra alba,' or white earth, are sold in our cities every year, to be mixed with sugars in confectionery and other white substances. I am told by an eminent physician that this tends to produce stone, kidney complaints, and various diseases of the stomach. A Boston chemist tells me that he has found seventy-five per cent. of 'terra alba' in what was sold as cream of tartar used for cooking. A large New York house sells three grades of cream of tartar. A Boston chemist recently analyzed a sample of the best grade, and found fifty per cent. of 'terra alba' in that. Much of our confectionery contains thirty-three per cent. or more of 'terra alba.' The coloring matter of confectionery frequently contains lead, mercury, arsenic, and copper. Baking powders are widely sold which contain a large percentage of 'terra alba' and alum."

In the drug trade proper the adulteration is enormous and most barefaced, and grows more unblushing as we leave the eastern cities and progress west. Even in this State it is bad, as witness the following extract from the *American Journal of Pharmacy*:—

"It is high time that some means should be resorted to for preventing the fraudulent mixing and reducing of drugs, and I hope that the State Pharmaceutical Association will take this matter in charge and endeavor to have a law passed prohibiting, under severe penalties, the manufacture and sale of all adulterated articles. In some localities a conscientious pharmacist is hardly able to earn a livelihood, owing to the mean and dishonest competition which surrounds him. It is natural for people to seek the cheapest places to make their purchases, and this necessarily places the reputable apothecary at a great disadvantage. Pharmacists should endeavor to make the people understand the difference in goods of guaranteed purity and the opposite, and that the latter are dear at any price."

In a recent number of the *American Medical Biweekly*, of Louisville, a physician writes—

"Large quantities of salicine, heavily adulterated by mixing with cinchonidia sulph., have been placed upon the market, and I hope that all who see fit to try it as an anti-rheumatic will apply the obvious tests before trying this valuable agent in the crucible of scientific experiment."

Again, on turning to the Chicago *Pharmacist*, Feb. 1879, we find the leading article to be descriptive of an unavailing search for black sulphuret of antimony in Chicago. There are seven wholesale drug houses in that city, and the writer of the article obtained the alleged

sulphuret from each of them, and tested every specimen, with the same results. There was not a trace of antimony in any one of the consignments! In fact, every wholesale drug house in Chicago deals, through ignorance or carelessness, in drugs not only adulterated, but utterly false and worthless. The substance sold as black sulphuret of antimony was generally marble dust, blackened with soot!

With such a disgraceful state of affairs at the commercial headquarters of the Northwest, what may we expect of less important places, with more needy dealers? We may be sure that the sophistication increases and extends, and that most of the drugs sold are inferior in quality, if not wholly false.

These are facts, so well supported with testimony from all directions that it is vain to deny or palliate them. What are the remedies? First, a law passed in the State Legislature, appointing competent analysts, with power to bring action and indict fraudulent dealers; second, that physicians deal only with firms of established repute, who sell under their trade marks drugs guaranteed to be up to the pharmacopœial requirements; third, that physicians acquaint themselves with the chemical tests for purity of most of the drugs they use, and demand of druggists that their articles meet these requirements.

We confess to preferring the last-mentioned of these plans. If the profession would have itself and its patients protected, it should look to itself to do it, rather than to politicians. Certainly the end would be obtained by this plan, and that quickly.

Notes and Comments.

A Plagiarism Discovered.

We have received the following communication from Dr. George J. Ziegler, 249 South Fifteenth street, Philadelphia, in reference to the article by Dr. Worthington Myers, in the Reporter, page 271.

ON "HOPELESS CASES"—SO CALLED.

My attention has been recalled to this subject by one of your contributors presenting as his own part of an editorial thereon written and published by me in the *Medical Cosmos*, January, 1872. Yet, while this plagiarism is discreditable to its author, it is of little moment compared to the vital importance of the successful treatment of apparently incurable but really remediable diseases and disabilities of the living organism. Therefore, to expose this dishonesty, and further urge the practical importance of the most earnest efforts to reach the limits of the possible in the relief of the numerous ills of life, it may be useful for you to republish the entire article.

We have compared the two articles, and find Dr. Myers has copied, word for word, by the page. Even the favorite theory of "unconscious memory" will hardly explain this coincidence. We may at some future time reprint in full Dr. Ziegler's article.

Concealed Hepatic Abscess.

Much was written in American medical journals last year on this topic. Recently, at the London Pathological Society, Dr. N. Moore showed three specimens. The first was taken from a woman who had suffered from chronic dysentery for four years. After death, ulceration of the cæcum was found. The hepatic abscess was partly in the right and partly in the left lobe, and contained eight ounces of pus. The woman had never been further from London than Ipswich. The second case was met with in a man, aged 21, who had a sinus in the left leg, communicating with a diseased ankle joint. The presence of the abscess was not suspected until after death. Its walls were thick. He had been unable to find a record of any case of so large an abscess as was met with in this instance, as the result of a sinus of this kind. The third case was one of multiple abscess. The portal vein was occluded by pylophlebitis, and in one of the large branches of the vein was a small abscess. The fatal inflammation appeared traceable to disease of the vermiform appendix.

The Solid India-Rubber Bandage.

The use of this bandage in chronic ulcers of the leg should be generally adopted. Mr. J. F. Horne reports to the *British Medical Journal* four successful and eight partially successful cases. He says:—

After the application of the bandage each case soon presents a wonderful change. The indurated edges and unhealthy granulations rapidly break down; the gnawing pain often complained of is much relieved; the pressure of the bandage makes the skin pink and shiny, and filled with a rash like scarlatina; healthy granulations spring up, and the wound in a short time is completely full. But here, in eight cases followed disap-

pointment; they did not heal. In the four successful cases the earliest cured wore the bandage forty-two days.

The treatment by solid elastic bandage is not a novelty, for its principle of action, uniform pressure, is old. The immediate result of its application is certainly most favorable, and each of the eight cases was much improved.

Therapeutical Notes.

COMPRESSION IN ASCITES.

Dr. G. V. Dorsey writes, in the Cincinnati *Lancet and Clinic*:—

"Deeply imbued with the idea of the practical value of all suggestions made by Eberle in the treatment of disease, a feeling common to all his students, I have made use of the flannel bandage, generally soaked in salt water, in great numbers of cases of ascites, and have always found it a valuable adjuvant in the treatment. How much of the benefit was due to the chloride of sodium I shall not undertake to say, but the mechanical pressure was undoubtedly the most important."

BALSAM OF PERU IN WOUNDS.

Dr. Caspari, Dr. Wiss, and other German surgeons, have recently advocated balsam of Peru as the best of all dressings in contused, lacerated and incised wounds, in burns and erosions of the surface.

MEAD IN WASTING DISEASES.

Real mead, made from honey, according to the good old receipt (not the base imitation sold under the name), is an admirable nutritive drink in convalescence and in wasting diseases. The German physicians are beginning to use it largely. Its action is similar to that of kumyss. Will not some energetic druggist start its manufacture in this country?

ATROPIA IN URTICARIA.

Dr. Schwimmer, of St. Petersburg, has succeeded in rapidly curing severe cases of urticaria by the following:—

℞. Atropiæ sulphatis, 0.008–0.01 Gm.
Aquæ destill.,
Glycerinæ, āā 2.
Pulv. tragacanth, q.s. for 10 pills.

Dose, one or two pills, daily.

Gurjun Oil in Leprosy.

Experiments carefully conducted in India have shown that this alleged valuable discovery is of no more efficiency than any other bland oil, so far as relates to the control of leprosy. It is another instance of the ease with which new remedies obtain a wide reputation without any, or but the slightest, foundation in fact.

Experiments in Metalloscopy.

Dr. Vierordt has been making some experiments on the effect of metals on frogs. The main results arrived at may be stated in a few words. The sensibility to *rubbing* was decidedly increased by the application of the metal, but more in the left than in the right leg. The sensibility to *pressure*, as evidenced by movement, was increased; but here the simultaneous movement of the two legs was far more frequent. Taking into consideration the differences in sensibility which different frogs exhibit, as well as the variations of sensibility which occur in the same animal, even during the time of the experiment, there can be scarcely a doubt that the application of a metal produces a positive effect.

Syphilitic Consumption.

Prof. Schnitzter, of Vienna, in the *Wiener Med. Presse*, has called attention to the much greater frequency of this disease than has been hitherto supposed. The symptoms strictly follow those of ordinary tuberculosis, and the diagnosis is often far from easy. The existence of syphilitic symptoms in any other organ or part in a consumptive should at once lead to the suspicion that the phthisis is of like origin; so also, should the confession of previous venereal infection. The recognition of the character of the disease is all important, as specific treatment in the earlier stages will generally effect a prompt cure.

Correspondence.

Notes of a Case of Confinement.

Ed. Med. and Surg. Reporter:—

On the morning of December 23d, 1877, I was called upon to visit Mrs. D., residing in the city, who was supposed to be in labor. She was a primipara. On arriving, at three o'clock P.M., I ascertained that the membranes had ruptured, and the liquor amnii discharged, early in the night. The os was scarcely dilated at all, and not easily dilatable. I found a head presentation; preparatory pains very regular and sufficiently frequent. On passing my hand over the abdomen, the delineations of the uterus could easily be made, extending well up toward the diaphragm, but during neither the interval of rest nor existence of pain did the size of the uterus or protrusion of the abdomen appear, from external manipulation, to be sufficient to contain more than a four months' fœtus. In the course of two hours pains became expulsive in character; the os dilated sufficiently, so that I found that I had the first obstetric position to deal with. The cranium of the child appeared

of ordinary size, fully developed, and as unyielding as we usually find them. Very heavy pains forced the head partially into the superior strait; but as soon as pain subsided the head was as easily movable from one position to another as a prolapsed, pendulous uterus. During the severest contractions the abdomen of the mother, over the region of the womb, did not appear to undergo the slightest change in form, but remained in as perfect symmetry as in the unimpregnated state. On further inquiry she stated that she had no means of knowing how far advanced she was, except by the cessation of the menses, which occurred nine months since. She thought the menses had ceased from taking cold, until she felt the motion, but she continued unchanged in size up to the time of confinement. Had never changed the pattern of her wearing apparel. Had been on the street two days previous, and her condition was not suspected by her most intimate acquaintances. Her wedding dress, that had been made to fit but eleven months before, fit equally as well up to the time of her confinement. She had not laced, as some women do while in this state. I had been well acquainted with her for several years, and knowing her to be under the medium height, and rather spare made, I felt rather curious to know why there was not a change in her general form, and since the birth of the child, a male, of eight and one-half pounds in weight, I still feel a greater curiosity in the premises.

As I stated above, pains did not have the desired effect in expelling the child. The antero-posterior diameter of the pelvis was near the average, but the transverse diameter was exceedingly contracted. The head did not become impacted, but remained movable with but little trouble. I performed as much flexion as was possible, and administered three doses of ergot fl. ext. at intervals, hoping to meet with success, but neither time, manipulation nor medicine had the slightest beneficial effect. After waiting all day, at 8 o'clock P.M. I sent for my obstetric forceps, and by applying all the manual force that I could possibly command, after three repeated pulls, with both hands, during the same number of powerful contractions of the uterus, I was relieved by the exit of a large, well formed head. I then laid the forceps aside, and with a great deal of difficulty, during the succeeding pain, the shoulders, which had met with resistance from the contracted pelvis, were delivered. At the next pain I had to use all the force, to deliver the hips, that would be, under the most critical circumstances, admissible. The child, when delivered, was lifeless, but by sprinkling cold water in its face, blowing in its mouth, slapping the nates gently, and using artificial respiration, in the course of about five minutes it took an imperfect breath; continuing as before to work with it, it would gasp for breath once in about every half minute, for perhaps fifteen minutes, when respiration became more natural; and after applying the ligature to the cord it was passed over to the nurse. I ordered half a teaspoonful of warm sweet oil given, to remove the mucus from its mouth and throat, which was done as soon as it became strong enough to swallow. In about an hour and a half from the time of birth the child commenced crying vigorously, and kept it up during the remainder of the night.

The placenta, when removed, was of usual size. Flooding commenced, but was checked without difficulty by the administration of ergot and whisky and external manipulations, the uterus contracting firmly, forming a globe but little larger than a man's fist.

The mother's recovery was unusually good. She slept during the night very soundly, without the assistance of medicine, and on waking the following morning she expressed herself as feeling well enough to get up and do a day's work. I called to see her occasionally until she got sitting up, but never found it necessary to administer anything but an occasional cathartic.

The strange feature of this case, to me, is how an eight and a half pound child, and an ordinary sized placenta, with the necessary amount of fluids, could be ensconced in the womb of a small, trim-built woman and not present some external appearance. Had she had spinal curvature, extra large abdomen, or large pelvis by nature, it might be easier accounted for, but she had neither.

When her husband called on me to visit her, and informed me that she was going to be confined, I remarked that I was not aware that she was pregnant. I thought I saw her on the street a day or two before, looking as well as usual. "Yes," said he, "she was on the street yesterday, and I don't know what is the matter with her. It don't look to me like there is anything, but she thinks there is, and wants you to go and find out." I started, with full expectation of finding her colicked, or trying to miscarry with a two or three months' fœtus, but was wonderfully surprised to find her as above stated.

There was nothing of any particular moment in the delivery by forceps, but the interesting feature was the almost total lack of change in the conformation of the mother.

J. Linsey Hill, M.D.

Albany, Oregon, March 25, 1879.

Treatment of Enlarged Glands.

Ed. Med. and Surg. Reporter:—

I noticed an article in the London *Lancet*, January, 1879, highly recommending the use of linimentum ammonia, with small proportions of tincture of opium added, in the treatment of enlarged glands resulting from scarlet fever. The above treatment is stated to be recently adopted. I may here add that I have relied solely upon the application of the linimentum ammonia for the treatment of the affection above described for the past two years, have used it in many cases, and in none where a timely and thorough application was made did any suppuration follow. In severe cases I frequently direct a little fresh lard or sweet oil to be applied, so that the skin will tolerate the more frequent application of the liniment. As a local application in enlarged glands, I have had more satisfactory results from the use of liniment of ammonia, or a very strong solution of hydrochlorate of ammonia, than any other local application, iodine not excepted.

Marshalltown, Pa. C. L. Getz, M.D.

Case of Extra-uterine Pregnancy.

Ed. Med. and Surg. Reporter:—

Doctor Fundenberg's case of extra-uterine pregnancy induces me to offer the details of a similar case now under observation, not because there is anything unusual to report, but to indicate the embarrassment the condition occasions in country practice.

The question of operative interference is not a practical one in the case about to be detailed, owing to duration and variety, it being probably abdominal. Mrs. B., a young married woman, believed herself to be pregnant for the first time, in the early part of last year, and looked forward to confinement in May.

The course of her pregnancy was marked by attacks of acute abdominal pain, with some fever and anasarca. That the condition was pregnancy, there were the following confirmatory signs: Suspension of catamenia, enlargement of abdomen, of breasts, and fetal movements.

Uterine pain came on at what was supposed to be full term, followed by a protrusion from the vulva, which the attending physician, a busy practitioner, pronounced to be prolapse of uterus. In eight or ten days this extrusion separated by sloughing. The patient was also seen at this time by a doctor from a distance, as the delay in parturition alarmed the family. It was concluded that the reckoning was at fault, and that time must be given. I was called upon to make a diagnosis in November, six months after the spurious labor, and learned the foregoing history. Having chloroformed the patient, with the assistance of Dr. Schermerhorn, and noted the size of the abdomen, I examined per vagina, and found the pelvic roof occupied by a firm mass in which the uterine body seemed to be merged. The cervix pointed toward the coccyx. With the view of excluding missed labor, I dilated the cervical canal and found the uterine body unoccupied, the probe passing toward the symphisis pubis. An effort to pass the probe without dilatation failed, possibly from want of skill in the use of the instrument.

A sharp attack of localized peritonitis followed the manipulations, from which the patient happily recovered. The diagnosis was confirmed by the elder Dr. West, whom many of the Iowa readers of the Reporter will recognize as an enterprising and tireless practitioner.

Chas. Enfield, M.D.

Jefferson, Ia., March 31st.

Fatal Poisoning from Veratrum Viride.

Ed. Med. and Surg. Reporter:—

A fatal case of poisoning from veratrum viride occurred in Philadelphia Nov. 5th, 1872. A gentleman, aged about 30 years, went into a drug store which he was in the habit of frequenting, and helped himself to what he supposed was a *drink* of whisky. It proved to be veratrum viride, and it killed him in about four hours after taking the noxious dose. R. M. Kirk, M.D.

New Brunswick, N. J., April 14th, 1879.

[It is singular that this case escaped the knowledge of Profs. Stillé and Maisch. We should like further particulars, as we can find no record of it.—Ed. Reporter.]

News and Miscellany.

National Board of Health.

The Secretary informs us that the National Board of Health will convene in special session at Atlanta, Georgia, on the 5th of May prox., and continue in session contemporaneously with the American Medical Association, which meets in regular session at the same place on the 6th of May. The importance of an early interchange of views and the absolute necessity for consultation with health officers, quarantine physicians, and sanitarians generally throughout the United States, has led the National Board of Health to make known its contemplated meeting at Atlanta, and urge upon all persons interested in matters of sanitation, whether municipal, State, or National, to be present and counsel with the Board. It is earnestly hoped that not only every State, but that every municipality in the whole country will be represented, in order that a step may be taken toward securing a general system of health and quarantine regulations, and that by such a gathering of the prominent sanitarians of the United States the interests of all sections may be promoted.

Progress of Epidemics.

The "Bulletin of Public Health" issued by the Surgeon General U. S. Marine Hospital Service this week reports that one new case of plague, not fatal, has been reported on the lower Volga, but there was no extension of the disease. The district still remains under martial law, and a permanent sanitary service is to be organized by the government, with special commissioners, for the inspection of the fishing places, who will have power to destroy the decayed fish liable to accumulate, and to disinfect the vessels and utensils employed. If a fresh outbreak of the disease should occur, the people will be removed from their houses to tents, where separation of the sexes will be maintained.

The quarantines established by the European governments are being generally modified so far as to apply only to persons and goods coming from the immediate vicinity of the infected district.

Typhus fever prevails extensively around the borders of the Black Sea and the Levant, and in the interior of Russia, especially in the province of Viatka, where it was introduced by Turkish prisoners, and disseminated by the movements of the peasantry, and of traveling mendicants. The principal means of propagation was by infected clothing. In one district, twenty-six villages, within a circle of a few miles, suffered severely, the mortality amounting to nearly fifty per cent. of the sick. More females suffered from the disease than males, on account, probably, of being more exposed to the vitiated air of the confined houses, and to the local unsanitary conditions, the men being engaged in out-door occupations elsewhere. Scarlet fever, smallpox, and diphtheria prevailed in the same districts, and the

latter disease caused an excessive mortality, especially among children, in various parts of the empire during the past year. In many districts, from ten to twenty per cent. of the inhabitants suffered from the affection, and nearly fifty per cent. of those attacked died. In small hamlets, with a population of less than one thousand, the deaths numbered from fifty to one hundred. The disease increased in virulence as it spread from one village to another, and its extension was undoubtedly influenced by the bad sanitary conditions of the populace and the scarcity of physicians which prevail in all the rural districts of Russia. Measures have been taken by the government to check the spread of the disease by the appointment of sanitary commissioners and of additional physicians, and by the general disinfection of the inhabitants and isolation of the sick in the infected districts.

The Board of Health Resolutions.

The following resolutions have been passed by the Philadelphia Board of Health:—

Resolved, That hereafter, when death has resulted from a contagious disease, the Board of Health require that the cause shall be mentioned in the published death notice.

Resolved, That the public should avoid unnecessary attendance upon the funerals of those dead from contagious diseases.

Resolved, That among the diseases especially calling for this caution are, scarlet fever, measles, whooping cough, diphtheria, and smallpox or varioloid.

Resolved, That wherever possible, air-tight burial cases be used, and if such cannot be obtained, the funeral be strictly private.

North Carolina State Board of Health.

By an act ratified last month the General Assembly of North Carolina created a State Board of Health. The act provides that the Medical Society of North Carolina shall choose from its active members, by ballot, six members, and the Governor shall appoint three other persons (one of whom shall be a civil engineer) and these shall constitute the North Carolina Board of Health.

Personal.

—Dr. W. L. Darlington has removed to 146 North 20th St.

—Dr. Robert J. Hess, Assistant Physician of Dr. Kirkbride's Pennsylvania Hospital for the Insane, has been elected Resident Physician of the Northern Dispensary, to fill the vacancy caused by the resignation of Dr. Charles Carter. Dr. Carter will take charge of the laboratory of Carter Brothers, manufacturing pharmacists.

—Dr. H. O. Marcy, Cambridge, Mass., is collecting information to prove more clearly the practicability and value (if such it possesses) of aspiration in effusions into joints, especially in synovitis of the knee joint. He will send a circular with a series of inquiries to any one who has had experience on this subject.

Corrections.

On p. 225, col. 2, line 16, instead of "two" read "ten."

Dr. W. Wylie sends us the following modifications to his article, on page 250: 1. The olecranon process rests on the humerus half an inch above the external condyle, instead of "about two inches." 2. The extremity is only 1½ inches shorter than the other, when measured properly.

Apollinaris Water.

The favor with which natural mineral waters are accepted as articles of diet is based not only upon the sort of universal experience which justly counts so much, but also upon direct experiment. Sir Henry Thompson, among others, has, in his well-known lectures, very clearly shown that the effect upon the human constitution, of mineral waters compounded with great exactness in imitation of the natural product of the spring falls far short of, and is, in fact, altogether different from, the effect of those waters which issue from the laboratory of nature. The favor with which Apollinaris natural mineral water has been received by the medical profession and the public in both hemispheres, is no doubt due, therefore, to the personal experience of those who have shown for it so decided a preference, as well as to the high testimonials which it brings from the greatest physicians in Europe and the leading medical men throughout the United States. Hence some considerable disappointment, if not loss of confidence, would have been felt if it had turned out to be true, as has lately been very prominently advertised by trade opponents, that the Apollinaris water is not really the natural water of the Apollinaris spring, but an artificial product impregnated with artificial gas. Mr. Wanklyn, the author of the now most universally adopted methods of water analysis; Prof. Liebreich, the well-known pharmacological chemist and discoverer of chloral; Prof. Sonnenschein, and others, had already certified in favor of the claim of Apollinaris water to its title of natural mineral water. The positive statements, however, recently put forward to the contrary have induced the Apollinaris Company to solicit reports based on new investigations made on the spot by persons of such undoubted official and scientific eminence and responsibility as to place the matter beyond all question. Hoffmann, of Berlin, Odling, of Oxford, Kekulé, of Heidelberg, and Frankland, of the Royal College of Chemistry, of London, have acceded to the request, and their report of the investigation of the wells, the method of bottling, and the water bottled, are before us. They entirely decide the matter, inasmuch as they prove that no other water whatever is bottled than the natural water of the spring, that no other gas is contained in the water than that with which it is naturally impregnated in the spring, and that the water and gas so bottled are drawn from the spring at a depth of fifty feet below the surface.

—The annual meeting of the Mutual Aid Association of the Philadelphia County Medical Society will be held in the hall of the Society, on Monday evening, May 5th, at 8 o'clock.

Dr. Isaac Hays.

At a meeting of the College of Physicians, held April 15th, to take action with reference to the death of Dr. Isaac Hays, resolutions of respect were unanimously adopted:—

Resolved, That the Fellows of the College deeply regret the death of their late able and distinguished associate, Dr. Isaac Hays.

Resolved, That he has largely contributed, by his long and able editorship of the *American Journal of the Medical Sciences*, and by his other valuable works, to the creation and diffusion of a sound and healthful medical literature; and thus made himself, in an enviable degree, an instructor and benefactor of his profession.

Resolved, That by his faithful services of twenty years in connection with Wills Hospital, and by his various publications on ophthalmic surgery, he gave a wholesome impulse and direction to that department, and won for himself a distinguished place among the oculists of the country.

Resolved, That the Fellows, appreciating his learning and his worth, and grateful for services cheerfully rendered during his long and pleasant association with them, will ever cherish a kind and affectionate regard for his memory.

In moving the adoption of the resolutions, Dr. Samuel A. Gross made some remarks eulogistic of Dr. Hays, speaking of the *American Journal of the Medical Sciences*, of which he had been for so many years the editor, as a monument of his industry and learning, no word in which was unworthy of the highest conception of the functions of the editorial chair.

OBITUARY NOTICES.

Charles F. Deshler, M.D.

Died, at his residence in Hightstown, N. J., of scarlet fever, on Monday, March 24th, Dr. Charles Francis Deshler, in his thirty-sixth year.

Dr. Deshler was born in the county of Northampton, Pennsylvania, on the 21st of October, 1843. His father, brothers and sisters are still living, at Allentown, Pa. The record of his early life is not before us, but we know that his education for his profession was begun at Lafayette College, and completed at the University of Pennsylvania, including also a course of study with Dr. Traill Green, of Easton, Pa. His patriotic spirit led him into the Union army, in which he enlisted as a private, but afterward received a commission as Assistant Surgeon, and served in that capacity until peace was declared. At the close of the war he began the practice of his profession at Perrineville, but in a few years removed to Hightstown, where he has since resided. In the County and State Medical Societies, in the New Jersey Sanitary Association, in the hospitals of Philadelphia, he had come to be known as a true student and an able practitioner, and his life work will be summed up by his brethren. In the community where he lived his death was esteemed a public loss.

Dr. Charles L. Ives.

The death of this talented member of the profession occurred, from rectal epithelioma, last month, in Burlington, N. J., where he was temporarily residing. He was a graduate of Yale College in 1852, and of the Jefferson Medical College in 1854. He practiced in New Haven, Conn., where he was born, until 1868, when he was called to the Chair of Diseases of the Mind and Nervous System in the University of New York. Ill health prevented him from filling this appointment, and after various long and painful attacks of illness, he finally succumbed to the disease stated, in the 48th year of his age.

John J. Wilson, M.D.,

Died at Bethlehem, Pa., April 2d 1879, of spinal meningitis. He was born at Allentown, Pa., January 29th, 1821, and received his diploma from the University of Pennsylvania.

Early in life, accompanied by his twin brother, Wm. R. Wilson, he went to Salisbury, N. C., where he practiced his profession with great distinction and success for a period of twenty years.

He was a man of extraordinary ability, and an experienced and skillful physician and surgeon. He was enthusiastically devoted to his profession, and in his death the community loses one of the most eminent and conscientious physicians. Socially he was distinguished for his gentlemanly bearing, his great sense of honor, his virtue, and his thorough integrity.

QUERIES AND REPLIES.

Mrs. E. H. O., of Iowa.—Chronic urticaria is an exceedingly difficult disease to treat with success. The suggestions in Duhring on "Skin Diseases" are the best we now recall. Diet and general rules are of more avail than medicines.

Dr. M. A. W., of Pa., asks what authority we have for asserting that scarlatina and scarlet fever are syonyms. Dunglison's Dictionary is as good as any, and sufficient on such a point. The distinction some times drawn between the words is both erroneous and pernicious, as it leads to the disregard of precautions.

Dr. W. D. C., of Ga.—The most satisfactory vaginal syringe we know is that called the "Fountain Syringe," which acts solely by the force of gravity.

Dr. W. H. D., of Iowa.—The prescription on page 259 should probably read, "Glycerine, 10.0;" though we have not the original to refer to.

Dr. C. F. McB., of Pa., asks what is the most efficacious blistering fluid. For general purposes we believe the *collodium cum cantharide*, U. S., is as useful as any.

Dr. T.T.T. of Ohio, writes, "Will you, or any of your numerous readers, inform me of a remedy to stop the growth of the beard? I have a lady patient with a strong growth of hair on her chin.

Ans.—Electrolysis is the most certain and efficient means. See page 367.

MARRIAGES.

WALKER—BIGELOW.—At Malden-on-the-Hudson, April 2d, by the Rev. N. F. Nickerson, Edward F. Walker, M.D., of Providence, R. I., and Catherine B., daughter of Edward Bigelow, Esq.

ZINKE—VON SEGGERN.—In Cincinnati, O., on Wednesday evening, March 26th, 1879, at the residence of the bride's parents, Dr. E. G. Zinke and Miss Clara Von Seggern.

DEATHS.

HAMILTON.—In New York, April 7th, James H. Hamilton, M.D., aged 37 years.

SCHLOENDORN.—In this city, on the 7th instant, of apoplexy, Dr. G. H. A. Schloendorn, in the 58th year of his age.

SEWARD.—At Los Angelos, Cal., on Friday, March 28th, Charles Kirkland Seward, M.D., son of Alexander Seward, of Utica, N. Y., in the 25th year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1157.] PHILADELPHIA, MAY 3, 1879. [Vol. XL.—No. 18.

Original Department.

Lectures on Experimental Physiology.

Delivered in the Physiological Laboratory of the University of Pennsylvania,

BY ROBERT MEADE SMITH, M.D.,

Demonstrator of Experimental Physiology.

Reported for the Medical and Surgical Reporter.

(*Continued from page* 315.)

Lecture IV.—Gastric Digestion.

Gentlemen:—The study of gastric digestion, which we take up to-day, is more especially a study of chemical changes. We saw that in the mouth the food was not only subjected to the chemical changes of the saliva, but that through the mechanical changes resulting from mastication and its close combination with the saliva, the materials destined to nourish the body were brought into the most favorable conditions for subjection to the various solvent juices of the economy. The first of these which we will examine is found in the gastric juice.

In following a strict anatomical progression of the food after leaving the mouth, we should naturally study the functions of the pharynx and œsophagus, but since no changes that we are aware of occur in the food in these localities, and as experiments on deglutition cannot be made on narcotized animals, we must omit them, as other more important subjects await our attention. For the same reason no experiments will be made upon the mechanism of vomiting. There is, however, one interesting experiment on deglutition that I will show you. You know that the inferior portions of the œsophagus are supplied by branches from the pneumogastric nerves. When these nerves are divided in the neck a peculiar train of symptoms usually manifest themselves. In the first place, after this operation animals are usually averse to taking food, even though they have been fasting for some time, from which it was originally concluded that section of these nerves abolished the sensation of hunger. When, however, animals in this condition can be prevailed upon to take food, symptoms of suffocation soon supervene, followed generally by the regurgitation of the food just taken. This is not a true vomiting of the contents of the stomach, for none of the food which has been swallowed has entered that organ. The œsophageal orifice of the stomach is found to be tightly contracted, and the food collects in the distended œsophagus, until the orifice of the larynx is occluded, when, of course, fits of suffocation occur. Usually, if the animal does not die in the interval, this condition passes off at the end of two or three days. I will divide the pneumogastrics in the neck of this rabbit, which has fasted for the last two days, and if we can persuade it to take food, we will see these conditions that I have just described. To find the pneumogastric trunks, the animal being fastened on Czermak's holder, and anæsthetized, the fur is clipped off the front of the neck, and an incision, about half an inch in length, made over the inner border of each sterno-mastoid muscle. A pair of blunt hooks is used to loosen the connective tissue, and the border of the sterno-mastoid pulled from the median line. Lying underneath this muscle, surrounded by connective tissue, is seen the carotid artery, and in its sheath three nerves, the vagus, the sympathetic and the depressor.

The vagus is the largest and most prominent, lies to the outside, and is of a striking white hue; the sympathetic is smaller, more transparent, and grayish in color; while the depressor is a very minute nerve, which is not found usually without some difficulty, and is not apt to be mistaken for the vagus. These nerves are to be gently isolated by blunt hooks, and a thread passed under each vagus, which can then be divided with scissors. We will allow the animal to recover from the chloroform, and then try to make it eat. Fortunately for our experiment, it eats the cabbage which we have given it with great voracity, and in a few moments symptoms of suffocation appear; it, however, recovers, goes on eating, and is again choked. I will now kill it by puncturing the medulla, which destroys it instantly, and open its body. The œsophagus is filled, from the stomach to the pharynx, with unaltered food. The stomach also contains some vestiges of food, but you know that in rodents, even when starved to death, the stomach is never found empty.

In our experiments on the saliva we established the precedent of performing acts of digestion, or at least acts introductory to digestion, outside of the body, the natural conditions being preserved as far as possible. In our studies of gastric digestion we will find that this step was not unwarranted. All the phenomena of gastric digestion can be as completely and more conveniently studied in an artificial stomach as in the living organ—a fact demonstrative of the essentially chemical nature of the process. To obtain the gastric juice for these experiments, an operation, the formation of a gastric fistula, is necessary. With a fistula we can not only obtain gastric juice in a state of purity, but can observe the process and conditions of its secretion. By means of a fistula we can also introduce various substances directly into the stomach, without their becoming mingled with saliva, and study step by step the changes in their character; the time necessary for their digestion; the movements and temperature of the stomach, and, in fact, all the manifold phenomena of gastric digestion.

I will now perform this operation of making a gastric fistula before you, in the manner perfected by Bernard. The question first arises, what animal shall it be made upon? We must select an animal in whom the stomach is large and easily dilated, and at the same time lies close to the abdominal walls. For this reason the horse is inappropriate, though excellent, when attainable, for salivary fistulæ, since in them the stomach is small, deeply seated, and of slight functional importance; on the other hand, rabbits cannot be employed, since their stomachs are never empty, and cats are very liable to die of peritonitis, to say nothing of the difficulty in their subsequent management. In some birds with a muscular stomach, as, for example, in a crow, they can be very satisfactorily made. The animal, however, which is, on all accounts, most suitable, is the dog. Dogs are easily managed, secrete pure gastric juice in abundant quantities, and are not very liable to peritonitis. I will, therefore, perform the operation on this dog which has just been brought in, already chloroformed, and secured in Bernard's holder. The first step is to shave the hair from the abdominal wall, in the epigastric region, and remove *all* the hairs carefully with a sponge, so as to prevent their entering the abdominal cavity. An incision is then made through the skin, commencing at the lower margin of the costal cartilage, and about an inch and a half to the left of the linea alba, and extending downward parallel to this line, for a distance a little less than the diameter of the flange of the canula which it is desired to use. Each muscular layer is then to be divided, in a direction parallel to its fibres, every bleeding point being tied before the peritoneum is opened, so as to prevent the entrance of blood into its cavity. When it is certain that all the bleeding has stopped, the peritoneum is to be opened on a director. On stretching open the wound, the stomach (which should have been distended before the operation, by a full meal, or by inflation with air, by means of a tube passed down the œsophagus) comes into view, its oblique muscular structure being plainly visible through its serous covering. A point of the gastric wall should now be seized with artery forceps at a spot where there are not many vessels, and drawn forward. Two strong silk threads are then passed into the walls of the stomach with a curved needle, at a distance from each other about equal to the diameter of the tube of the canula, and brought out again at a similar distance from the points where they were introduced. I will now make an incision into the gastric walls between the two threads, rather shorter than the diameter of the tube of the canula; immediately some bubbles of gas escape, and some of the fluid contents of the stomach, which must be sponged off. The opening into the stomach is now to be stretched with a pair of blunt hooks, until it is large enough to pass the inner flange of the canula, which is to be then introduced and pushed into the stomach up to its outer plate. I will now tie

the stomach to the canula by the threads which have been introduced, and then pass their ends through the abdominal wall in such a way as to fasten the stomach to it, and at the same time, when again tied together, keep the edges of the wound in the abdominal walls in apposition. This suture need not be carried through the peritoneum, and no additional means of closing the wound is necessary. The operation is now finished, and the animal may be allowed to come up from the chloroform. The canula must be left uncorked for at least half an hour after the operation, for the dog is almost certain to vomit, and otherwise the contents of the stomach would be apt to be forced past the side of the canula into the abdominal cavity, and cause the certain death of the animal.

The animal must be fed on milk for two or three days after the operation, and kept in a warm place. While recovering from the anæsthetic, the animal will very likely make attempts to tear out the canula with his teeth, a result which would be very apt to be fatal, though the dog which I will show you in a few moments tore out the canula four times after the operation, and I was compelled to re-insert it each time, without, however, any bad results to the dog. The only way this accident can be guarded against is by careful watching. It will not do to muzzle him and leave him, for if he then should vomit he will choke to death.

After the first day the wound becomes so tender that no further attempts at tearing out the canula are usually made. The form of canula almost universally used is that designed by Bernard. It consists of two silver or nickel-plated tubes, each of which has at one end a broad flange; one tube screws into the other, so that the distance between the two flanges can be altered at will. On the second or third day after the operation the margin of the wound becomes very much swollen; this arrangement of the tubes permits the lengthening of the canula so that the skin is not ulcerated from pressure of the flange. The canula may be closed by a cork soaked in a decoction of colocynth, to prevent the dog tearing it out with his teeth, or with a valve such as this one. If everything goes well this dog that we have just operated on will be ready for experiment in about a week. In the one that I now show you I operated about six weeks ago, and although, as I told you, he tore the canula out four times, thus necessitating four operations, the wound is now firmly cicatrized, and the animal is in good health and spirits. In order to collect a pure specimen, the dog has received no food since yesterday; his stomach will, therefore, be empty. I have used him so often to obtain gastric juice that he has now learned perfectly what is expected of him, and he will jump on the table when I call him, and stand perfectly motionless until I have finished with him. I will open the valve and tickle the inner surface of the stomach with a feather tied to a glass rod, and the gastric juice flows along the rod, drop by drop, into the glass beaker. Bernard's method of stimulating the flow of gastric juice was to give a dog which had been fasting for some time, a hearty meal of thoroughly boiled tripe, which furnished a normal stimulus to the gastric glands, and being quite indigestible, does not contaminate the gastric juice with peptone for some time. It is undoubtedly preferable to mechanical stimulation, on some accounts. Gastric juice is thin, almost colorless, and slightly opalescent. When tested with litmus paper, it gives a decidedly acid reaction; its specific gravity is about 1.010. The most prominent feature of its chemical composition is its excess of free acid, the nature of which, however, is still a subject of controversy, though the majority of observers testify to the presence of large amounts of lactic acid, while there is considerable doubt as to whether hydrochloric, which is also claimed to exist, is not formed in the process of examination, from the decomposition of the chloride.

The important organic constituent of the gastric juice is termed pepsin. It is obtained by a process analogous to that which we employed in separating ptyaline from the salivary glands. The stomach is removed from a recently killed animal (pig, rabbit, dog, etc.), its contents removed, and its mucous surface washed with a gentle stream of water. The pyloric end is then cut off, and the remainder stretched out flat on a board, and the mucous membrane carefully dissected off from the underlying muscular layers.

The mucous membrane is then minced into small pieces, placed in absolute alcohol for twenty-four hours, to precipitate the pepsine in the gland tissue. After filtering off the alcohol and drying the pieces with filtering paper, they are to be removed to glycerine, and allowed to stand for several days. The glycerine can then be filtered off, first through muslin and then paper, and pepsin precipitated as a fine flocculent precipitate from the filtrate by the addition of a large excess of absolute alcohol. The alcohol is again to be filtered off, and the pepsin remaining on the filter may be dissolved by two per cent. muriatic acid. To obtain acid of thi-

strength, since the ordinary strong muriatic acid, specific gravity 1.16, contains 31.8 per cent. by weight of the gas H Cl., 6.25 cc. of this acid is to be mixed with enough distilled water to make one litre, so giving an acid which contains two per cent of H Cl. gas, an acid about the strength of the gastric juice.

Let us now examine a few of the reactions of pepsin in the solution thus obtained. In the first place, we must test its purity, to see that we have no proteid results of gastric digestion mixed with our solution. It does not respond to the xanthoproteic reaction, thus showing the absence of albuminoids. I will now add a little concentrated nitric acid. No precipitate. A little tannic acid, iodine, mercuric chloride, with the same result, there is no precipitate. It is precipitated, however, as you see, by a solution of acetate of lead, and also by platinum chloride. I have here four or five specimens, obtained from different sources, of what is known in commerce as pepsine; though, as you see, from the tests, none are pure, while they have little if any digestive value.

The characteristic test of the presence of this ferment is known as the *pepsin test* with fibrine. I have here a little fibrine which was obtained by whipping the blood as it flowed from a divided vessel; it was then washed until perfectly white and preserved under glycerine, from which it must be cleansed for use by washing. Two hours ago I placed a small piece in this test tube, with a little gastric juice, and placed it in the water bath at 35° C. The fibrine has disappeared, and the fluid is more opalescent than before. There is no precipitate upon boiling, and a very slight one upon neutralization. In this other tube, about a quarter of an hour before the lecture, I placed another fragment of fibrine, with gastric juice, and you see, as a sign of the first stage of digestion, the fibrine is swollen and more transparent than before. Since no other substance will produce these effects with fibrine, they are characteristic of the presence of pepsin with a dilute acid.

You can readily appreciate the importance of this reaction, as, for instance, the power it gives us of locating the situation of peptic digestion in the alimentary canal or tissues of the invertebrates.

This process, with this end in view, has been considerably elaborated by Brücke, but for its additional details I must refer you to his original memoir or the abstract published by Brunton in the Handbook of the Physiological Laboratory.

I told you a few minutes ago that all the phenomena of gastric digestion could be more conveniently studied outside of the body, and I should have added, with an artificial juice. In the first place, it is evident that only a limited amount of gastric juice can be obtained from any animal for experimentation, a disadvantage not applicable to an artificial digestive fluid. In the second place, the method of introducing substances (confined in gauze sacs) into a stomach cannot but furnish unreliable results, for, while all the peptones cannot be collected in a state of purity for examination, the diminution of weight of the substance introduced will not even be equivalent to the amount which has been digested, since much that has been merely disintegrated and not digested by the gastric juice, must escape through the meshes of the sac. The method of *infusion*, however, that I will show you directly, is not open to these objections. An artificial gastric juice of considerable purity may be obtained by mincing the mucous membrane of a stomach (of almost any animal) and covering the pieces with strong glycerine. In a few days the glycerine will become strongly impregnated with pepsin, and may be preserved for almost any length of time. The addition of a few drops of this extract to 100 cc. of muriatic acid of 0.2 per cent. will yield a fluid of high digestive power. Here is a specimen I obtained six months ago, and it is still strongly active. An artificial fluid may also be obtained by rubbing up the minced mucous membrane, from which the mucus has been removed by gentle scraping, in a mortar, with clean sand, or powdered glass and water. It should then stand for some hours, being occasionally stirred and finally filtered. The filtrate will contain pepsin and a small amount of peptones; added to an equal bulk of H Cl., 0.2 per cent., it will form a powerful digestive fluid, which can be kept for a long time, not even losing its powers when mouldy. The fact that a digestive fluid can be thus obtained, shows us that pepsine is soluble in water. Let us now examine the digestive action of gastric juice, employing the method of infusion or auto-digestion of the stomach recommended by Schiff. The day before yesterday I tied the portal vein in a dog, and in about an hour and a half it died, under the well known symptoms which follow this lesion, somnolence, coma and progressive insensibility. I then removed the stomach, minced it into small pieces, and infused them in 400 cc. of H Cl., 0.2 per cent., for nine hours in the warm bath at 40° C. At the end of this time the fragments of the stomach were almost entirely liquefied; the

small, pulpy, yellowish residue now in the filter is all that remains undissolved. This method of auto-digestion of the stomach has been selected as apt to give the best general idea of the action of gastric juice.

In the structure of the stomach are found the principal animal substances which serve as nutriment. We find the albumen and fibrine of the blood in increased quantity, since the ligation of the vena porta produced repletion of the gastric vessels, the muscular tissue of the organ and the connective tissue, which, in a slightly modified form, finds its equivalent in gelatine. We are assured of the fact of our having obtained a veritable *solution*, and not a mere *suspension* of the disintegrated stomach, by the fact that all the liquid has passed through the filter, it is clear, uniformly yellowish, and the microscope reveals no solid particle, while the mass on the filter bears a very small proportion to the quantity of solid material in the tissues of the stomach. It is also capable of dialysis. Admitting, then, that the albuminoid materials of the tissues have been dissolved by the gastric fluid, we have now to see in what form they are present in our solution.

You know that albumen is precipitated from its solutions by boiling or by a concentrated mineral acid; in this instance neither boiling nor the addition of nitric acid causes any precipitate. If the albumen is present in our solution, it must be in a modified form. You remember I showed you, when considering the composition of saliva, what is called the xanthoproteic reaction, a test indicative of the presence of an albuminoid. I will boil the specimen to which I added nitric acid, and it becomes strongly yellow; the addition, when cold, of ammonia, will turn the yellow into a bright orange. There is also another test known as Millon's reagent for albuminoids. It is made by digesting equal weights of pure nitric acid and mercury over a sand bath until the mercury is entirely dissolved. It is then added to twice its bulk of cold water, and placed aside for some hours. The white crystalline precipitate which has then settled may be removed by filtration, giving a clear, yellow filtrate, which is Millon's reagent. To another portion of this gastric solution I will add a few drops of Millon's reagent, and boil. There is a yellowish-red precipitate. I will now carefully add, drop by drop, a little liquor potassæ to another specimen, until the fluid is perfectly neutral, and there is now a faint precipitate. I will refer to this, which is parapeptone, again. The application of Millon's test to this neutralized specimen, from which the syntonin has been filtered off, now causes a white precipitate, and on boiling it becomes a rosy pink. These tests show that albumen does not exist in its usual form in this fluid; it has not been destroyed by the gastric juice, but merely transformed, still answering to the reactions of the proteid group.

Remembering, then, these facts for future comparison, viz., that the gastric juice, after death, will convert the albuminoid material of the stomach into a modified form of the proteid group, let us examine a little more closely, with an artificial fluid, the conditions which modify this transformation, and the characters of the products thereby produced. In the first place, you know that when albumen is subjected for some time to the action of a dilute acid, it is so transformed as not to be precipitated by boiling, while another substance altogether, syntonin, or acid albumen, is formed.

I have prepared a solution of egg albumen, by pouring the whites of two or three raw hen's eggs into a glass beaker, and then cutting them up with a pair of scissors, to liberate the albumen from the meshes of fine membranes which confine it. After stirring vigorously, it was then pressed through muslin and mixed with an equal bulk of water, and allowed to stand for several hours. It was then filtered, and as it very soon chokes up the meshes of the filter paper, it is better to use a number of small filters rather than one large one, changing them as soon as they become clogged. Filtration is also much facilitated by the use of Bunsen's air pump.

Into this beaker I placed, two hours ago, equal bulks of dilute egg albumen thus obtained, and muriatic acid 0.2 per cent. It was then placed in the water bath at 40° C. When first placed in the bath, boiling caused almost complete solidification of the specimen examined, from coagulation of the albumen; now, however, you see that boiling does not even produce turbidity. I will now carefully neutralize a portion of this fluid, by introducing a drop of litmus solution, and then adding, drop by drop, liquor potassæ, until the red litmus becomes violet, and you see there is a decided precipitate. This is acid albumen, syntonin, or parapeptone. I will now filter off this precipitate, and boil the filtrate, which, you remember, is neutral. There is no precipitate; I apply Millon's test; there is no reaction. Not only has all the albumen been converted into syntonin, but there remains in the filtrate no other number of the proteid group. This, then, is an analogue of the precipitate which was obtained upon neutralizing the pro-

ducts of auto-digestion of the stomach, and we now see that it may have been due to the action of the acid on the albumen. Are we to infer from this that the *acid* is the important factor in gastric digestion? I have here four test tubes; in No. I I placed yesterday 5 cc. of muriatic acid 0.2 per cent. 2. In II 5 cc. of artificial gastric juice, made by adding a few drops of glycerine pepsine extract to dilute muriatic acid, as already described; in III 5 cc. of the same juice, carefully neutralized, and in IV 5 cc. of the same juice, thoroughly boiled. Into each I placed a small cube of coagulated white of egg, the same weight being placed in each tube. They were then all placed in the water bath at 40° C. At the same time I also prepared duplicates of No. II. One was surrounded with ice, and the other kept at the temperature of the room. Upon examining them, we see that in I, which contained acid alone, the albumen is unchanged, its corners being as sharp and the fluid as clear as before the experiment. In II, which contained the artificial gastric juice, the albumen has entirely disappeared, with the exception of a very minute portion, while the fluid appears slightly opalescent. In III, which contains gastric juice neutralized, or in other words, pepsine alone, and in IV, which contains gastric juice boiled, there has been no change in the albumen. We learn from this, then, that coagulated albumen is not dissolved by acid alone, or by pepsine alone, but that their combination is necessary for their solution, while we also learn that pepsine is destroyed by heat, and by referring to our other tubes, that cold prevents gastric digestion, the albumen in the tube which was placed in the ice having undergone no solution, while the corners have merely been rounded off the cube of albumen in the digestive fluid which was kept at the temperature of the room. If, however, we place the tube which was in the ice in the warm bath, the albumen will be digested; its solution was merely suspended by cold. It is, however, destroyed by boiling.

I have here an experiment devised by Grünhagen, to show the influence of pepsine on digestion. Before the hour I placed a small quantity of fibrine in H Cl. 0.2 per cent, and you see that although it has not been dissolved, it is swollen to a stiff jelly. I will throw it on a filter moistened with the same muriatic acid, and allow all the acid to drain off. In a few minutes the acid has all filtered away, and the fibrine remains in the filter. I will now pour on the fibrine two or three drops of glycerine pepsine extract, and almost immediately a fluid drops from the funnel. Testing a portion of it with the xanthoproteic test we get the reaction of albuminoid, and on neutralization get a deposit of parapeptone. The fibrine has been digested. You also learn from this that gastric digestion reduces solids to a fluid form, while you saw in the pepsine test that the first sign of digestion of fibrine was its increase of size.

We have seen, then, that a combination of pepsin and acid are necessary for digestion, and I may perhaps mention here that they are pretty generally supposed to unite and form a new compound, pepto-hydrochloric acid. While this idea has not been demonstrated, there are, nevertheless, many points in its favor. We have seen that their combination produces effects which neither are able to produce alone, and in that combination their individual properties are modified. For example, dilute acid extracts all the salts from an albuminous body, leaving a gelatinous residue, while the combination of acid and pepsin dissolves the gelatinous portions, and leaves a residue composed mainly of inorganic salts. Then, again, acid combined with pepsin renders the latter capable of dialysis, a property unpossessed by pepsin alone. Whatever may be the combination, however, pepsin seems to supply the place of prolonged boiling, since results almost identical to those of gastric digestion can be obtained by boiling albuminous materials for a long time in water, or for a less time with dilute acid. The pepsine appears to supply this element of heat and time, and in some manner facilitate the splitting up and hydration of albuminous compounds in an acid fluid.

Pepsine, like other ferments, is not destroyed in the exertion of its function, but, unlike most other ferments, a limited amount of gastric juice will not digest an unlimited amount of albumen. In this test tube I placed, in artificial gastric juice, several days ago, a small piece of fibrine, and when it was dissolved, another piece, and so on, until there was no further solution. The cessation of digestion, however, was not due to the destruction of the pepsine, but to diminution of acidity and to the accumulation of peptones, for when I added the same amount of fibrine to the same amount of gastric juice in a dialyser, the peptones diffused and solution was not checked. Also, by adding water to the tube in which digestion had stopped, the peptones were diluted, and digestion recommenced, though in a feeble degree. The addition of acid under the same circumstances would have still more strongly facilitated solution. This, however, is a condition of affairs which is not apt to occur in

the stomach, for as the peptones are formed they are absorbed in great part by the gastric vessels, and the effect of their accumulation thus prevented.

Hospital Reports.

PENNSYLVANIA HOSPITAL.

SURGICAL CLINIC OF DR. R. J. LEVIS.¶ SERVICE OF 1879.

Reported by N. H. Chapman, M.D.

Two Results of Syphilitic Infection. Destruction of the Tongue, and Stenosis of the Fauces. Operation for Stenosis.

Gentlemen: —I have two very interesting cases of specific disease to show you this morning. They are both exceedingly well marked and characteristic. Indeed, it would be hard to find better illustrations of the extremes of syphilitic ulceration. I bring them in together, that you may not only compare their common features, but contrast their points of dissimilarity as well.

If you will look into the mouth of this middle-aged man, you will notice that the tongue is almost entirely destroyed by ulceration. Only a very small portion of it, upon the right side, far back toward the base, has escaped. The destruction is so extensive that the tongue has been eaten away clear down to its base, and you see very little but the floor of the mouth. The half arches of the palate and the uvula have not been exempt from this destructive ulceration. Considerable portions of them are gone, and the opening into the pharynx is thus rendered very much larger than normal.

All this is in marked contrast to what you will see by looking into the mouth of this boy. Here the opening into the pharynx is very small. It would scarcely admit the point of the little finger. The posterior fauces are so narrowed and constricted by cicatricial tissue as to entirely prevent the boy from taking any solid food, and it is only with difficulty that he can swallow liquids. Respiration is also impaired, and he breathes mostly through his nose, but even in this way it is performed with some difficulty.

In this case, which is the most marked example of stenosis of the fauces that I have ever seen, there is nothing definitely known as to the family history, but the cause is undoubtedly a congenital taint of the system. If you will notice his teeth, it will be seen that they are irregular, pointed, peg-shaped, and in places slightly notched. Though these are not the typical notched teeth described by Mr. Hutchinson, and known as the "Hutchinson teeth," yet they are sufficiently characteristic to indicate the presence of syphilis in its congenital form.

These two cases, then, are due to a similar constitutional infection. In the case of the man, however, it is not congenital, but has been acquired. His case has not yet gone so far as to give that marked constriction of the fauces which is seen in the boy. But in time the cicatricial contraction must be the same, or perhaps, considering the extent of the ulcerated parts, it may even be still more severe. He has been under the ordinary anti-syphilitic plan of treatment (bichloride of mercury and iodide of potassium) for some time, and his condition has improved. The rapid progress of the ulcer has been checked, and the extent of surface involved somewhat diminished; but as the parts go on healing, and cicatricial tissue forms, it is to be expected that more or less contraction will take place.

The boy was sent here about a month ago, with the hope that something might be done for his relief. When he came in I did not feel inclined to perform an operation for his relief until I could carefully study and reflect upon the various points of interest which the case presents. Besides this, the boy's general health was considerably enfeebled, from a condition, most likely, of partial starvation; so we began by giving him tonics and nourishing broths in abundance, to prepare him for whatever operation might ultimately be deemed advisable. A number of different plans of treatment have since been considered in connection with this interesting case, with a great deal of care, and, indeed, it has been a somewhat difficult matter to determine just what mode of procedure would be likely to prove most satisfactory. The indication plainly is to enlarge or make wider this narrow, constricted opening from the buccal cavity into the pharynx, and the only question to be considered is how this enlargement can be best accomplished. The mere widening of the fauces by incision is not a difficult matter. In fact, it would be a very simple operation, but it would be only temporary in its effects, for the parts would soon heal and leave the cicatricial tissue as strong and as compacted as ever. I might cut away part of this dense tissue, removing at the same time some of the soft and perhaps a portion of the hard palate, and by so doing secure a permanent result, but this is a more serious operation than I deem necessary. What I propose doing for this boy's relief is nothing more than a rapid mechanical dilatation or disruption of the narrowed fauces. The object being to forcibly dilate the parts as much as possible at once, and then to carefully repeat the stretching process from time to time. In this way we will not only hold all that is gained by the first operation, but gradually force the tissues to relax and assume a more normal condition.

The means of producing this rapid or forcible dilatation of the fauces are very simple. I have a variety of instruments upon the table which might be used. Any one of them, if properly employed, would doubtless answer the purpose. Here is one, known as "the larynx dilator," which might answer very well. This instrument, as you see, is constructed upon the same principle as the obstetrician's speculum, except that it is provided with three valves or blades, instead of two. The intention in using the dilator being to introduce it closed, and then to expand the blades while it remains in position. Or, instead of this, I may produce the dilatation by expanding the blades of an ordinary pair of large-sized lithotomy or stone forceps. The same effect, however, may be produced by introducing a series of very large, solid bougies, passing one bougie after another through the constricted parts, in rapid succession, until a sufficient amount

of distention is secured. This, I am inclined to believe, is the most advisable plan of treatment to be followed in the case before you.

As soon as he is sufficiently under the influence of the anæsthetic (ether, which is taken with difficulty, on account of the impediment to respiration), I will introduce a number of this series of graduated hard rubber bougies which you notice on the table, and see if the effect we desire cannot be produced without materially injuring the surrounding parts. In pursuance of this plan of treatment, I introduce through the narrowed opening, first, the index finger, which is, to say the least, a very close fit, then the middle finger, then a solid bougie, which is somewhat larger than the finger, then one which is still larger, and yet another of larger size still, are all forced through the constriction.

The opening into the pharynx is by this operation considerably increased in size. It is, probably, increased enough for the present, but in order to retain the degree of dilatation which has thus been gained, it is necessary that the passage of the largest bougie just used should be repeated every few days. If this precaution is neglected, the cicatricial tissue will be very apt to contract down firmly, and give as much trouble as before. The bougie may pass with a little difficulty at first, but after it has been used several times there will be no trouble whatever. The resistance offered by the tissues will gradually lessen, and after a time a larger bougie may be substituted without much difficulty. After using this in a similar manner, it in turn may be superseded by one of still larger size. In this way we may continue to force the parts asunder and give the boy the relief he desires. It will necessarily require a little time and patience to carry out this plan of treatment, but I apprehend that the result will be a permanent one.

Varicocele and its Treatment by Subcutaneous Ligation—Dr. Levis's Operation.

In this robust and apparently healthy young man, twenty-four years of age, I show you what has received the name of varicocele.

Varicocele is a term used to designate an enlargement of the spermatic vessels, or more particularly of the veins within the scrotum. The condition is a very common one. It occurs, to a greater or less extent, in perhaps as many as one out of every nine or ten adult males. It usually makes its appearance between puberty and early adult life; seldom later than this. It is almost a uniformly left-sided affection; in fact, the right spermatic veins are no more liable to become varicose than the superficial veins of the lower extremities or other parts of the body. The reason why the veins of the left side are the ones most frequently enlarged is mainly an anatomical one. The left spermatic enters the renal at right angles, and passes under or behind the sigmoid flexure of the colon; whereas the right enters in an oblique manner directly into the ascending vena cava, and is provided with valves; so that the course of the return blood upon the left side is more tortuous and more difficult than upon the right.

This affection very frequently gives rise to a great deal of mental alarm and anxiety on the part of the patient. It worries him, and is continually upon his mind. It is, therefore, eminently proper to give relief by a safe operation.

There have been a variety of operations proposed by different surgeons for the cure of varicocele. Celsus recommended the use of strong caustics, to obliterate the enlarged veins. Breschet made use of compression with the pincers. Velpeau made a large needle and a figure-of-eight suture embrace the veins, and Sir Astley Cooper removed a portion of the scrotum. Other surgeons have suggested various operations; but I will show you one this morning which I have employed for a long time, and know to be effectual. It consists in ligating the spermatic veins subcutaneously and adjusting the ligature in such a manner that it will gradually cut its way through the vessels by the ulcerative process.

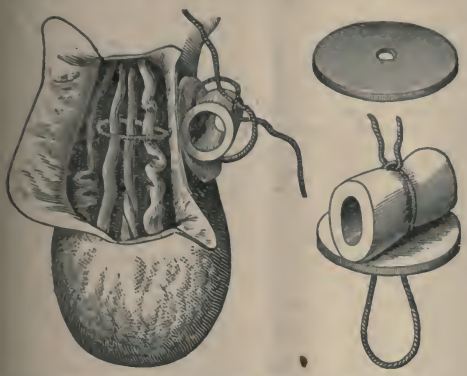
For the success of this operation it is essential that all the enlarged veins should be included in the ligature, and that the vas deferens should be excluded from it. The vas deferens should not, under any circumstances, be ligated with the varicose veins. It must be carefully separated from them and kept out of the way. To do this, push the veins to the outer side of the scrotum, and the deferent tube toward the median line, when the latter will be felt as a round, hard cord, rolling under the finger. If there is any doubt as to whether you really have separated the vas deferens from the enlarged veins or not, just pinch it rather hard, and the peculiar sickening pain that the patient will instantly complain of will tell you whether you are right or wrong.

To perform this operation, you require a long, straight needle, armed with a strong silk cord, a flattened disk, which has a hole pierced through its centre, and a small piece of rubber tubing, or section of gum elastic. The disk may be of any substance which is convenient, as bone, hard rubber, or the like. But a disk which will answer just as well as any of these, can be made by taking a silver quarter of a dollar, or a circular piece of tin, and piercing a hole in its centre large enough to easily admit both strands of the ligature. A silver coin, in which I had previously drilled a hole, is what I employed the first time I performed this operation, and I have no reason to desire anything better.

It is always well to begin this operation with the patient in the erect posture, and finish it with him in the recumbent. The reason of this is, that in examining the parts and transfixing, you want the vessels fully distended, but in tightening up the ligature, no such fullness or distention is required. The tightening of the ligature should be done during anæsthesia, for this part of the operation is painful.

The mode of procedure is to enter the needle on the anterior and outside of the scrotum, near to the top of the mass of varicose veins; then traverse the scrotum completely, so that the needle shall pass behind the veins and make its exit on the opposite side. Then reënter the needle at the orifice of exit, and pass it in front of the veins and bring it out at the original point of entrance. Thus the veins are completely surrounded by the ligature. The ends of the ligature are now passed through the hole in the centre

of the circular, flattened disk, drawn tightly, and tied over the section of rubber tubing. The rubber tubing should be large enough (say a half to three-quarters of an inch in diameter) to allow of a certain amount of springing motion. If no elastic material be used, the ligature would do its work for a short time just after being applied or tightened, and then it would be comparatively



useless until such time as it was tightened again. But if the ligature be drawn down tightly over a section of rubber tubing, the gradual expansion keeps the ligature constantly tense and up to its work. Then, as the ligature remains, and is tightened from time to time, whenever the expansive power of the tubing is exhausted, it gradually cuts the vessels, and so works its way out. Instead of the rubber tubing, a piece of ordinary erasing rubber, bent so as to act as a spring, may be substituted. The process ought to be completed in a week's time, or less. If it is not, it is because the ligature has been neglected, and allowed to remain so lax that it could not do its work. It should be tightened every day, or the result will be needlessly delayed.

I introduced this operation several years ago, and have resorted to it without hesitation, in both hospital and private practice, and have always found it very effectual. It is easy of performance, involves no especial danger, and is an operation upon which reliance may confidently be placed.

Incarcerated Femoral Hernia—Its Partial Reduction by Taxis.

I have a patient, a female, aged about thirty-five years, who this morning walked some distance to the hospital, suffering with an enlargement in the left groin—a hernia. Some exposure being necessary in the examination of this case, I have had the woman etherized before bringing her into your presence, as it is never well to disregard the sensitiveness of any patient.

In giving her history, the woman states that she has had slight hernia for many years, but that the mass has never been so low down nor so large before. On former occasions the tumor has been small, and she has repeatedly been able to reduce its size by her own efforts, but this time the mass has proven itself to be irreducible by the ordinary means which she was able to employ. She also states that the mass has been in its present condition since last Thursday (six days), and that there has been no motion of the bowels since that time.

On examination, I find a tumor in the groin, a little below Poupart's ligament, which has apparently emerged from the saphenous opening. I find that the tumor is hard, and that it is resonant on percussion, thus showing that a portion of the intestine is really contained in the mass, though there is also a considerable amount of dense tissue, and perhaps omentum, which overlies the protruding portion of the gut. There has been no vomiting, either of the contents of the stomach or of the intestinal tube; no pains resembling colic in the umbilical region; and the tumor exhibits no evidence of high inflammation or mortification of the gut. We have, then, simply an incarcerated hernia without strangulation. It is a form of hernia in which the symptoms are not urgent enough to justify an immediate operation, which would not be free from danger, without first employing the simpler means of treatment, which are often effectual. The attempt will be made, then, to accomplish a reduction of the mass by taxis.

In performing these manipulations, a great deal is to be gained by placing the body in a proper position. The hips should be somewhat elevated, and the shoulders rest low, to give the parts the advantage of gravity. The legs should be well drawn up, and the thigh of the affected side adducted and rotated inward, to relax the tissues at the point of constriction as much as possible. The anæsthetic also aids in the relaxation of the parts. The observance of these preliminaries renders reduction by taxis easier and much more certain.

If the taxis is judiciously employed it can seldom be attended with anything except good results; but if it be rude or unskillful, it is sure to increase the danger and exaggerate whatever symptoms may be present. Violent efforts should never be made in endeavoring to return the gut. Good taxis is always moderate and steady. Do not take hold of the mass and attempt to push the intestine right back into the abdominal cavity, or your efforts will but produce a valve-like closure at the seat of stricture. Rather grasp the mass and endeavor to draw it forward, and, if possible, empty the intestine of its contents and the sac of its serum, and then the protrusion may readily be reduced.

The amount of manipulation which any case of hernia will tolerate is exceedingly variable. If there is violent inflammation, and there are strong adhesions between the bowel and proper hernial sac, taxis of any kind is dangerous. If the case be one of incarcerated hernia, with symptoms which are not particularly urgent, like the one before you, the manipulations may safely be somewhat prolonged in character. It is frequently a better plan, however, to repeat the attempts at reduction from time to time, than to make one continued taxis; for in this way a little is gained at each attempt, and by persistent efforts an operation may be ultimately avoided. Should there be gas or fecal matter imprisoned within the bowel, its escape, which will be marked by a peculiar gurgling sound, that is not easily mistaken, may be effected by persistent efforts at reduction.

In this woman there is evidently some gas confined in the protruding portion of the bowel, for my manipulations give rise to this peculiar gurgling sound. The sound is not as distinct here as I have heard it, but is sufficiently so to be recognized. By working carefully and patiently, in the way which I have already indicated, I find that the mass is gradually growing smaller, as, I think you all see, I have really reduced the size of the tumor considerably, and I feel confident that I have succeeded in returning the intestine to its proper cavity. All the parts which originally came down have not yet been returned to the abdomen; some of them still remain in the sac; but the mass is reduced down now until we have nothing remaining in this unnatural site except some old, hard, indurated and thickened tissue, with, perhaps, a portion of the omentum. At some future time we may attempt a further reduction, but for the present we have done enough. The bowel will be prevented from coming down again by the application of an appropriate truss or bandage.

Equino-varus — Operation and a Mode of After Treatment Without the aid of Mechanical Appliances.

I have a case of club-foot, of the variety called equino-varus. It occurs in this boy of about ten years of age, and affects only one side.

You will notice, by comparing one leg with the other, that the left is considerably wasted, and that the ankle appears very much weaker than its fellow of the opposite side. There is also a contraction of the tendo-Achillis, a somewhat palsied condition of the peronei muscles, and tension of the plantar fascia. The ligaments upon the inner aspect of the foot are shortened and somewhat more compact. The bones of the tarsus, and especially the astragalus, have been twisted, or changed in position, so as to give the foot a slightly curved or warped appearance.

The operation usually performed for the correction of this deformity is the division of the tendo-Achillis and of the plantar fascia. In case there is any resistance offered, however, by the long extensor tendon of the great toe, this must also be divided. In this case, the tendon of the extensor proprius pollicis is not unduly contracted. All I shall do, then, is to divide the tendo-Achillis and plantar fascia.

Tenotomy may be performed by a variety of knives, but the one which I prefer is the ordinary round-pointed tenotome. This instrument is all that is necessary. Both the puncture and the division of the tendon can be easily effected with it.

The operation is a simple one, and in performing it, which is done under the influence of an anæsthetic, it is immaterial whether you enter the knife above the tendon, and cut from above downward, or whether you enter the knife below the tendon and cut within outward. I am in the habit of entering the knife below the tendon, and will do so here. With the patient, then, lying upon his belly, and the tendo-Achillis tense, from the forcible flexion of the foot, I easily accomplish complete division by a slight sawing motion of the knife upon the tendon. I divide the plantar fascia in the same way, and here again it is immaterial whether the division takes place within outward or from without inward. I now bring the heel down, by extreme or forced flexion, and the foot into its proper position by main force.

The operation is only a small portion of the treatment necessary to produce a permanent good result in any variety of club foot. A great deal depends upon the care and attention which is bestowed upon the after treatment. If this be neglected, the results will surely be unsatisfactory.

A great variety of mechanical appliances have been used, with a view of gradually moulding and shaping the parts into a more seemly condition. These contrivances are all very well, and they have proven themselves of very great value in the treatment of talipes. In this boy's case, however, I shall trust to adhesive strips, and to systematic manipulation; for I am inclined to think that his foot can be brought into a very good position without the aid of any mechanical appliance.

Massage will be practiced daily. The manipulations will be thorough and systematic in character. They will be performed, not only with a view of correcting as much as possible the deformity of the foot, but also of increasing the strength and tone of the partially atrophied muscles of the leg. Besides this systematic manipulation of the parts, I purpose retaining the foot in its proper position by the application of strong adhesive strips. These strips will be broad (two to two and a half inches), and so applied as to draw the foot well outward at the same time that it draws it upward. To accomplish this, first secure the adhesive strip well in position, by causing it to encircle the ball of the foot; then carry it up the outer side of the leg, and draw it as tightly as may be necessary. Over this a bandage will be placed; lightly over the foot, and a little more firmly over the leg, to keep the strips from slipping. This is a very simple way of treating the lower degrees of equino-varus, but it holds the foot in a very good position, and I am in hopes of producing a good result here without the aid of an expensive apparatus.

Medical Societies.

College of Physicians, Philadelphia.

At the regular meeting of the College, on March 5th, a paper

On the Relation of Sewer Gas to Typhoid Fever

was read by Dr. George Hamilton. The following extracts will indicate the speaker's views:—

Centreville, Pa., my location in the country for more than ten years, was upon the ridge separating the Brandywine and Red Clay Creeks; distant seven miles from Wilmington, seven from Kennet Square, four from Dupont's, and eleven from West Chester. The surrounding country, rolling or hilly, abounded, in nearly every direction, with springs of fine water. In this rural section began my first bedside experience in

typhoid fever, and the occurrence in my practice of four cases of intestinal perforation in the space of twelve consecutive months, may but too well attest the character of the prevailing epidemic. It was not, however, until after five years' practice in this vicinity that typhoid fever developed itself; the usual form of fever in earlier years of practice having been bilious remittent, which, like the typhoid, at times assumed an epidemic character, and proved nearly as fatal as typhoid, while in other seasons but few cases occurred, the local conditions remaining essentially the same from year to year.

The change from bilious remittent to typhoid fever was, naturally enough, not abrupt, some of the symptoms of the former gradually giving place to those of the latter. In mode of progression there was a close resemblance between them; either disease showing itself upon an elevated plain, on the brow or slope of a hill, or in the vale below, with, perhaps, a slight preference for the latter; while the mansion of the opulent farmer would, in turn, be visited, with the home of the humble cottager.

The speaker mentioned several outbreaks of typhoid in this locality, and proceeded:—

As to the origin of these widely diffused, destructive epidemics, nothing could be said in explanation, except that, as a rule, a warm, moist spring, and, as a sequence, excessive growth of vegetation, followed by a hot, dry summer, appeared to favor the development of typhoid; just as had been noticed in former seasons in regard to bilious fever. In relation to the influence of local conditions, it may be said that in an old, long cultivated section, changes in these conditions rarely occur, and certainly nothing of this kind did occur that could explain the ravages of fever in one year and its absence or slight character the next; and hence the physicians of that section, so far as I knew, were nearly of one accord in regarding atmospheric, hygrometric, electric, or telluric conditions as the sources of the presence or absence, and of the violence or mildness, of the epidemic.

On returning to the city, thirty-three years ago, a location for practice was chosen at Sixteenth and Summer streets, and has thus continued ever since. At that remote period, intermittent, remittent and typhoid fever prevailed to a considerable extent, especially between Broad Street and the Schuylkill. Not one of these types can now be seen so often, in proportion to population, as during the earlier years of my practice in this locality.

Some years after returning to the city, Prof. J. K. Mitchell was called to consult with the late Dr. Gebhard and myself, in a severe case of typhoid fever near my residence. This was at a period when bilious remittent was being gradually supplanted by typhoid fever. Dr. Mitchell then stated to us that nearly all the cases of this disease seen by him were in consultations in the suburbs of the city, as in the case in which he met us, for at that time the locality was but a suburb; yet, in the suburbs at that period there were but few sewers or cesspools, and, as to water-closets, they were not to be found there; while on the contrary, in his own vicinity (Eleventh and Walnut Streets) they existed in all directions, and yet, as he informed Dr. Gebhard and myself, he scarcely ever saw typhoid fever in the families under his immediate care. Again, the late Dr. Wm. W. Gerhard, prominent as an authority in typhoid fever, informed me, about six years before his death, that he no longer regarded typhoid fever as either so prevalent or so fatal in this city as it had been in former years; that some modification of the disease, from unknown causes, had occurred, just as he had witnessed many years previously in Paris, where typhoid fever in some of the hospitals had gradually changed in character, until, from a mortality of one in three patients, only one case out of seventeen attacked terminated fatally. With the statements and opinions thus expressed, my own observations and experience fully accord.

During thirty-three years of practice in the city, four cases of typhoid fever, occurring in one family, have come under my care; in two or three families, two persons in each have been affected; yet, setting these aside, one case only in any family coming under my observation has occurred. This is in striking and most favorable contrast with what, as before stated, often happens in epidemic typhoid in the country, where no sewer gas or obstructed drains are to be found in explanation of this difference. The increase in the number of sewers, water-closets, and cesspools, in Philadelphia, for some years past, has been simply enormous; and consequently the opportunities for contamination of the atmosphere, water, or milk, correspondingly augmented. If (as some have asserted) sewer gas is the most potent and common cause in the production of typhoid fever, and if so large a proportion of the houses in the city are infected by it, would we not have, in a population of nearly nine hundred thousand inhabitants, cases almost without number, and deaths in proportion, far more than quadruple the average number reported by the Board of Health?

Physicians have long differed in opinion in reference to the conditions under which typhoid fever is likely to occur, and in regard to the influence exerted by the various agents known, or believed, to play a part in the production of this disease. While many, at the present moment, are disposed to accept the opinion that in an atmosphere contaminated by sewer gas, or effluvia arising from cesspools, or decaying animal or vegetable matter, is to be found the ostensible cause of the disease; others are more disposed to refer it to the use of milk or water infected by the agents just named, and, in addition, to the consumption of food partially decayed. On the other hand, there are those who, while admitting the possibility or probability that certain limited outbreaks of typhoid may be referred to the local causes just named, are fully convinced that the widely spread and fatal epidemics witnessed at times in the country can be explained by no such agencies as those alluded to; neither do we think that a practitioner who has had the experience of a single season of epidemic typhoid fever in the country can refer to these agents as the cause of such epidemic, without rejecting the evidence of his own senses.

Dr. James Jackson, of Boston, long before Pettenkoffer, in explanation of certain erratic

and very restricted outbreaks of typhoid fever, ventured to suggest that, in the absence of any visible agency, some emanation from the soil, obscure as to origin, might account for them. Pettenkoffer, however, determined that in proportion to the elevation or depression of the water level in the earth was a greater or less prevalence of typhoid fever, without fixing any limit as to the extent of its influence. When we call to mind that, as before stated, a hot, dry summer is, as a rule, the precursor of an unusual amount of fever, either remittent or typhoid, the view of Pettenkoffer demands attention and earnest consideration; for, after laborious and protracted researches, he announces, definitely, that in proportion as the water level becomes lower, typhoid fever increases. That many epidemics of the fever appear without the possibility of assigning any special cause in explanation of their origin, is manifest, and no one is more prepared to admit this than the practitioner and medical writer of large experience. Whatever may be the cause or causes of the fever, when once established, contagion, especially when aided by the concurrence of certain indefinable, elemental and local influences, lends its all-powerful aid in its extension; this, at least, is the opinion of Bretonneau, Trousseau, Louis, Gendron, Chomel, and many other investigators of the disease in France, England and the United States; among the latter, Drs. Nathan Smith, James Jackson, Elisha Bartlett, and Austin Flint, Sr.

Of the writers quoted, nearly all recognize that very frequently the disease arises spontaneously, and while some of them admit that a limited number of cases may be due to emanations from sewers or cesspools, others, regarding typhoid fever as specific in character, claim that a specific cause is necessary to develop the disease; and that they find no sufficient evidence of such cause either in the respiration of the effluvia alluded to, or in the consumption of unwholesome food.

In the earlier part of this paper it was stated that the reports of the Board of Health of this city did not warrant the anxiety and alarm that exist in relation to sewer gas, as the chief agent in the production of typhoid fever; and without going into details, a few points only will be adduced in reference to this matter. The reports show that very often the deaths from this disease are more numerous in the winter months than during the hot weather of the summer. For example, in January, February, and December, of 1878, the deaths, in the order named, were 34, 32, and 33, while in July the deaths were but 23; yet this month, as shown by the record of the last ten years, is the hottest of the year, and consequently is the period when fermentation, decomposition and putrefaction are most actively engaged in evolving effluvia from animal or vegetable substances. This record of facts and figures may, by some, be regarded as inconceivable and perplexing, yet it finds its counterpart in the country, where during one entire winter the disease was unusually prevalent and fatal.

Quoting again from the Health Office reports, we find that in a series of years the weekly deaths from typhoid average but six or eight in a population of nearly nine hundred thousand; and should be remembered that this includes th deaths in the almshouses, prison, penitentiary hospitals, house of correction, and all othe similar establishments, making, at least, one-fift to be deducted from the total reported.

The readiness of some physicians to attribut to sewer gas an attack of typhoid, if any sme denoting its presence in a house can be detected is surprising, when every physician knows tha this is only an exceptional event. To get ove this difficulty it is now declared in some quarter that, although the smell be wanting, the gas i present, and capable of producing an attack This is an unfortunate discovery, if it be a dis covery; for it would follow from this, that, afte much expense in the effort to banish gas wher it was known to exist, from the sense of smell, i might still remain, although imperceptible, an keep the family in painful suspense. But hav we any tangible and conclusive proof of thi lurking, unforeseen danger, and, if it really exist is it not remarkable that in the thousands o houses, where the odor is annoyingly perceptible it appears to do so little mischief?

The sources of local contamination would seem to be infinitely more numerous in the cit than in the country, yet without discouragin those who promise to stamp out disease. Th real difficulty is when an epidemic of a violen and extended character starts up, as it has bee known to do, in certain mountainous parts o Virginia and Tennessee, in their almost pristin condition, without the semblance of filth t account for its origin. It is evident, then, tha whatever cases of typhoid fever may have bee traced to sewer gas, or local contamination some other cause or causes must be sought t account for the frequent and disastrous out breaks in the rural sections; and this, it is clear was in the mind of that sagacious observer and logical thinker, Dr. Charles Murchison, when h declared his belief in the origin *de novo* of ty phoid fever, placing himself, in this point, upon the platform occupied by all the celebrities named in the earlier part of this paper.

Directing our attention once more to the health of our city, as exhibited by the Board o Health from week to week, we see no rationa cause for anxiety or alarm; for while the deaths from pneumonia, for the last five weeks, have been very numerous, exceeding by far the total number caused by typhoid fever, diphtheria and scarlatina, taken together, the city, as to general health, may still be, as it has been for many long years, regarded as one of the most healthy of large cities.

(To be Continued.)

The American Medical Association

Holds its annual meeting next week, at Atlanta, convening on the sixth of the month. There is every reason to expect a full attendance from all parts of the country.

The Medical and Surgical Reporter will be represented by Mr. George Keil, who will also have charge of the other medical publications of this office. We have arranged to receive full, early and accurate reports of the session.

Editorial Department.

Periscope.

Suggestion for the Removal of Foreign Bodies in the Ears and Nose.

Dr. A. Couvert writes to the Atlanta *Medical and Surgical Journal*:—

The benefits of posture of head are not to be disregarded in removing heavy bodies, nor of drawing back the ear so as to straighten the meatus, nor of so keeping the point of the syringe pressed to one side as not to obstruct the outflowing current with its freight of foreign matter; neither should it be inserted far into the meatus.

When I was a boy, I saw an old negro ("Uncle Sawney") blow a china-berry out of a little boy's nose, after a real doctor (not one of your patent medicine breed) had failed, in spite of his expert manipulations and glittering instruments. It was thus done. The boy was held, head and hands. Sawney's finger pressed the unobstructed nostril, to prevent escape of air; his open mouth covering the whole of the boy's mouth, he "blew him up," and then with a sudden puff brought out the berry, like a wad from a popgun. I came into the profession remembering Sawney, and have removed in the same way peas, corn, pretty-by-night seed, and other things, without blood, bawling, pain or trouble; but as the operator gets a splash of nauseous secretions in his face, I magnanimously operate by proxy, usually; only supervising an operation which, presto, confers the degree of doctor of *nose-ology* on several other Sawneys of different colors and races, who happen to be only lookers on "in Israel." I should add, this blowing by Sawney was done more than half a century ago, and I still follow it, *con amore*.

The Fungus of Typhoid Fever.

It is remarked in the *Lancet*, that the announcement of the discovery of the fungus of typhoid fever will be received with considerable hesitation by most of our readers, with the result of certain not very remote investigations in their minds. Nevertheless, a series of researches which have recently been published by Dr. Letzerich, of Braunfels, and which appear in the *Archiv für Experim. Path.*, are worthy of at least a passing notice. A year or two ago this observer announced the constant presence in the blood of persons suffering from typhoid fever of isolated micrococci and of spherules of protoplasm, which, under cultivation, speedily developed to micrococci, minute, round, or ovoid refracting corpuscles, moving in the blood-plasma, and possessing a great power of resisting the action of acids and alkalies. By the simple growth of these isolated bodies, there arise, it is said, spherules of protoplasm, in which appear myriads of first rods and then granules. In the height of the disease the blood from the arm contains, moreover, colonies of micrococci connected together irregularly, but these are believed to come, not from the blood, but from the lymph spaces. Both the forms which are seen in the blood, the granules and spherules, wander through the walls of the vessels into the tissues, and in the nerve tissues they are said to cause signs of irritation.

Many experiments were made upon rabbits by the injection of the organic bodies from the typhoid stools. By allowing the stools to stand in glass cylinders, and repeatedly washing, a layer a few millimeters thick was at last obtained, containing a large proportion of micrococci. The injection of this caused in rabbits a typhoid-like illness, lasting a fortnight, ending sometimes in death, and presenting after death enlargement and induration of Peyer's glands, and great swelling of the mesenteric glands. The appearances were the same whether the poison was given by the mouth or by hypodermic injection. In the latter there was first an infection of the neighboring lymphatic glands, due to a growth of organisms and increase of cells. By the extension along the lymphatics these micrococci become generalized, and post-mortem they may be recognized everywhere in the system.

The Treatment of Infantile Paralysis.

During the acute or febrile stage, Dr. Simon, of Paris, recommends the use of the vapor bath, administered to the patient in bed, diaphoretics and soothing draughts, with dry cupping or flying blisters to the vertebral column. When the disease has entered on its second stage, and the paralysis is localized, frictions and kneading. Electricity should also be persevered in; the continuous current is best, very weak, and applied from above downward, with precaution. At the same time, fresh air, sea or sulphur baths, quinine, cod-liver oil in the winter, and arsenic in the summer. Gymnastic exercises for the affected limb. In fact, for this stage of the malady the various means calculated to stimulate the muscles or the nervous system should be employed successively or in combination. In the third stage, when deformity has occurred, recourse must be had to orthopædic apparatus. Dr. Simon rejects tenotomy absolutely in cases of paralytic club foot, the only result of the operation being to do away with the action of the only muscles which can serve the child as support.

Intermittent Broncho-pneumonia.

Mr. Cripps Lawrence, at a meeting of the Harveian Society, of London, in February, read a paper on this form of broncho-pneumonia, which he described as an anomalous form of hyperæmia of the lung. A number of cases were related. The first was a boy, aged 15, who had smallpox, followed by measles, after which lung disease on the right side set in. There were the usual evidences of inflammation of the lung, but with a marked difference between the morning and evening temperatures. The temperature once reached 104°, the pulse being 120, and the

respirations 28. The variations of temperature were constant, as well as considerable. There was dullness with crepitation, first on the right side and then on the left. The patient made a steady progress to convalescence. In a second case, there were cough, with pyrexia, and some dullness at the upper portion of the right scapula. Then a small patch developed at the top of the left scapula. The diurnal pyrexia was powerfully influenced by quinine given in full doses. In a third case, which was slight, and which was apparently due to the cutting of a drain, quinine was also of great value. In a fourth case, quinine also did good. The periodicity of the rise of temperature, he thought, indicated quinine. The treatment otherwise consisted of rest in bed, nutritive food, and jacket poultices, followed by cotton wool jackets when the poultices were abandoned. He thought these cases not lobar pneumonia, spreading by continuity, but a malarial malady, connected with swamps or excavated earth. He here produced a considerable mass of evidence in favor of this view. It had been found as a remittent paludal disease in some parts of France.

Absorption of Cataract Produced by Internal Medication.

In the *Gazette des Hôpitaux*, January 16, 1879, Dr. Tamanichef reports a case of a man, 48 years of age, of a strong plethoric constitution, who had a cortical cataract of the left eye, for which was prescribed protoiodide of mercury, which he took for a month and a half with good results. The treatment interfering with the patient's occupation, it was discontinued, and iodide of potassium given internally. Three or four months of this treatment was continued, when the patient began to read large typographical characters, but died suddenly, from apoplectic seizures. This and other well known cases, the author considers, prove the absorption of the opacified crystalline in cases of cortical cataract. In explanation of this mode of treatment, the author states that the remedies pass through the general circulation into the liquids of the eye, and operate immediately upon the inflammatory process of the crystalline. He quotes several cases, both in his own practice and in others, where cataract was spontaneously reabsorbed without any other lesions of the eye, with a view of calling attention to the different phenomena which the eye presents under the influence of internal remedies.

On the Treatment of Strangulated Hernia by Ergotine.

Dr. Planat, of Nice, has treated successfully two cases of strangulated hernia with ergot.

The first patient was a man, aged fifty, who suffered from a hernia which had been strangulated on the previous day. Ergot was applied both internally and externally, in the form of ointment, which was rubbed on the tumor every two hours, the latter having been previously washed with warm alkaline water. The internal treatment consisted of 5 grams of ergot, mixed with 125 grams of water and syrup, taken every hour. After this treatment had lasted four or five hours, the vomiting ceased, and twelve hours later the hernia had become spontaneously reduced.

The second case was that of a young man, aged twenty-eight, who had worn a truss for several years before the hernial complication set in. The hernia had resisted all efforts to reduce it. Fifteen leeches had been applied to the tumor, but six only took; the symptoms then grew worse, and ergotin was again resorted to, being administered as above. Eleven hours later, when the surgeon arrived to perform the operation, in case the ergot had proved unsuccessful, the hernia was reduced, and the patient was well. The author suggests whether the drug would not be perhaps more efficient if directly injected into the hernial sac, and not taken internally.

Remote Results of Post-partum Hemorrhage.

On this point Prof. A. R. Simpson says, in the Edinburgh *Medical Journal*: It has always seemed to me that while the immediate dangers of hemorrhage are well understood and set forth in text books, its more remote risks have received less attention than they deserve. I have so often seen insanity, or phlegmasia, or pelvic inflammation, or general peritonitis arise in patients whose labors had been complicated with a flooding, that I was not surprised when the dreaded rise in temperature took place in our patient, and the abdomen began to be tympanitic. All precautions were taken to prevent any septic poisoning in this case, and if we are to assume such a poisoning, I do not know where to find its source. Seats of absorption, of course, there were plenty; but the patient's own discharges were not unhealthy, her canals being regularly syringed with an antiseptic lotion, and the hands, instruments, and sponges that were applied to her were all carefully cleaned. The case appears to me to illustrate the special proclivity to inflammatory affections of a woman who had suffered from an extensive loss of blood.

On the Prevention of Fatal Accidents from Using Anæsthetics.

Dr. Simonin gives, in the *Revue Méd. de l'Est*, 5 année t. x, No. 9, p. 261, the following three observations, which may be considered as very important if attended to. 1. Progressive peripheric insensibility, especially in the temporal region and the cornea. 2. The condition of the muscles and the jaws; the former must be in a complete state of relaxation, and the jaws closed. The adductor muscles of the lower jaw, therefore, form an exception to the rule, by being in a state of trismus. 3. The state of the pupil, which must be contracted, while the respiration becomes more normal, having been much quickened during the stage of excitement. All these phenomena are very important; they are synchronous, and must be carefully observed, as well as respiration and circulation. If the three symptoms cited should not appear coincidently, they must be carefully watched for in various stages of the anæsthesia, because they are sure to appear at a given moment.

Medical Uses of Nitro-glycerine.

Mr. W. Murrell reports, in the *Lancet*, January, 1879, pages 80, 113, 151, the results he has obtained from the exhibition of nitro-glycerine, as compared with nitrite of amyl, in angina pectoris. It was in 1858 that Mr. Field, of Brighton, and others, drew attention to the value of glonoine—nitro-glycerine, nitrate of the oxide of glycyl, as it was variously named—in spasmodic affections, epilepsy, neuralgia, etc. At that time it was, and has still continued to be, a trusty agent in the hands of the homœopathist. It was found that glonoine produced the same effect upon the pulse as nitrite of amyl, but that, whereas the latter drug relaxed the vessels in fifteen seconds, and that a return to their normal condition occurred in a minute and a half, when glonoine was employed in proper doses relaxation took place more slowly, and a normal condition was not resumed for nearly half an hour; a series of carefully taken sphygmographic tracings well illustrate this fact.

Another remarkable result of the glonoine, seen in a patient with epispadias, was the great increase of urinary secretion, which "licked everything" he had ever taken. In a quarter of an hour after a dose more than an ounce and a half of urine was secreted in excess of his usual quantity. This man was peculiarly unsusceptible to the physiological effects of the drug, as far as subjective symptoms were concerned, complaining of no headache or throbbing; still the effect upon the pulse and urine was most marked. The cases of angina pectoris in which the drug was exhibited are fully reported, and the marked benefit that followed its use can leave no doubt on any mind that in glonoine the practitioner has a most reliable agent in this very serious and distressing complaint.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. J. N. De Hart speaks of the microscope in its relation to medicine and cerebral pathology, in an article of twelve pages, from the Chicago *Journal*.

——The official report of Dr. E. O. Brown, physician in charge of the yellow fever hospital, Louisville Ky., 1878, makes a pamphlet of twelve pages, with elaborate tables and a map appended.

——Dr. Squibbs' little work, "Proposed Legislation on the Adulteration of Food and Medicine," is published by G. P. Putnam's Sons, and is for sale by Lindsay & Blakiston; price 25 cents, and it is well worth the money.

——In a pamphlet of 12 pages, Dr. J. W. Singleton, of Paducah, Ky., gives a sketch of the life of the late Dr. John L. Cook, of Henderson, Ky. Dr. Cook was one of the noble army of martyrs who fell in the yellow fever epidemic last year.

——The difficulties and dangers of Battey's operation are well set forth in a reprint from the *Transactions* of the American Medical Association, by Dr. G. J. Engelmann, of St. Louis, who, in spite of them all, is an ardent advocate of the procedure.

——Part v of Dr. Duhring's "Atlas of Skin Diseases" embraces scabies, herpes zoster, tinea sycosis, and eczema vesiculosum. They are excellently illustrated, and the work gives great satisfaction as it progresses. For sale by J. B. Lippincott & Co.

——Through Messrs. Bailliere, Tindall and Cox, of London, we have a pamphlet of 16 pages, price one shilling, entitled "The Treatment of Dropsy of the Gall Bladder by Operation (Cholecystotomy)," by George Brown, M.R.C.S. It is illustrated, and gives the notes of a successful case.

——The Iowa and Illinois Central District Medical Association has commenced the issue of a quarterly report of their proceedings. We repeat our opinion that such publications are a mistake. They can never attain a wide circulation. The columns of a medical journal are the proper avenues to publish proceedings of medical societies.

——Mr. E. B. Treat, of New York, announces the approaching publication of a series of photographic illustrations of skin diseases, from negatives taken from life, accompanied by a descriptive text, calling attention to the diagnostic character of the various diseases, and giving practical suggestions for their treatment. By George Henry Fox, M.D., of New York.

——In a reprint from the Chicago *Medical Journal and Examiner*, Dr. E. Fletcher Ingalls discusses the question, how shall the degree of doctor of medicine be conferred? He suggests a central board of examiners, who shall send series of questions to all colleges, to be answered in writing by the students, and on these answers the decision be rested. This is a cumbersome scheme, not likely to be approved.

——Part I of an "Atlas of Histology," by Dr. E. Klein, F.R.S., and E. Noble Smith, M.R.C.S., has been issued from the press of Smith, Elder & Co., London, and J. B. Lippincott, of this city. Dr. Klein, whose merits as a histologist stand unrivaled, has contributed the text, and Mr. Smith has drawn and executed the illustrations. The present number begins with the blood and its histological elements, and the epithelium.

The Atlas will be completed in ten or twelve monthly parts, and will be sold at $1.75 per part. It will unquestionably be an admirable production.

——Lippincott's Magazine, for May, opens with a brilliantly written and finely illustrated paper, by Mrs. Sarah Butler Wister, which propounds and answers one question, "Why do we like Paris?" In another illustrated paper, "From Norway to York," H. M. Robinson describes graphically canoe travel and transportation in the territory of the Hudson Bay Company. "The Tramp in Four Centuries," is a close but somewhat enigmatical study of a class which is commonly supposed to be a modern innovation, but which is here shown, on the evidence of curious unpublished letters, to have made its appearance on every occasion of social and financial revolutions. Other entertaining articles fill the number.

——Dr. T. M. Stevens, of Indianapolis, has had reprinted from the St. Louis *Medical and Surgical Journal* a strong attack against the pretended expert testimony of physicians in medico-legal cases. His opinions may be judged from the following extract:—

"We find that often experts may be honest, but ignorant; or they are rendered incompetent by dishonesty of purpose or by being confused or intimidated by counsel or surroundings. Now, in either of such cases they certainly were not, at that time, true experts.

"The time has come when, if the plan is permitted to continue, in spite of the warning and contrary to the wishes of the medical profession, then the gigantic evil of *false expert testimony* must cease, by some means; and if nothing else will stay its course, then the court record must be brought forth and arrayed before the profession, so that, if naught else will incite to *knowledge*, *honesty* and *courage*, fear of exposure must add its influence."

BOOK NOTICES.

A Guide to the Qualitative and Quantitative Analysis of the Urine. Designed for physicians, chemists and pharmacists. By Dr. C. Neubauer, of Wiesbaden, and Dr. J. Vogel, of Halle. With a preface by Prof. R. Fresenius. Translated by Elbridge C. Cutler, M.D., etc. Revised by Edward S. Wood, M.D. New York, Wm. Wood & Co., 1879. 8vo, pp. 551.

If there is anything in a fair array of names, the above titles should herald a solid production. So they do; although it was hardly worth while placing Fresenius' name on the title page, seeing that his "preface" is but sixteen lines of the most formal matter, written twenty-five years ago, to introduce the first edition of the book. The title also gives the impression that the book is a joint product of Drs. Neubauer and Vogel, whereas it consists of two separate treatises, bound in one volume. That of Neubauer is "on the chemical and microscopical characteristics and properties of the urinary constituents, with a guide to the qualitative and quantitative chemical examination of normal as well as abnormal urine;" while the work of Dr. Vogel is on "the semeiology of human urine, together with a guide to the examination of urinary calculi and other urinary secretions." Thus the former gives the purely chemical, the latter the medical, view of the subject. There is, however, by this method, a certain amount of needless repetition, as we have noted in various instances, and a necessity for cross references, which is not desirable, and is annoying to the reader.

Apart from these criticisms on the form, the volume merits great praise. It is carefully translated and very handsomely printed. Plates of fine execution are added, as well as numerous illustrations. The chemical matter is thorough, and includes all that is certainly known on the subject.

Spermatorrhea; Its Causes, Symptoms, Results and Treatment. By Roberts Bartholow, A.M., M.D., etc. Fourth edition, revised. New York, Wm. Wood & Co., 1879.

The monograph of Dr. Bartholow has met with a favorable reception, and appears now with additions and such revision as were required to render it representative of the actual state of our knowledge of the disease in question.

A Clinical Treatise on Diseases of the Liver. By Fried. Theo. Frerichs. In three volumes. Vol. II. Wood's Library of Standard Medical Authors.

In the REPORTER for April 12th we noticed the first volume of the able treatise of Frerichs, and announced the early appearance of the remaining two. The present one has a neat colored frontispiece, and is in other respects well brought out. As a treatise widely esteemed on both continents, it will be read with interest and profit. The author's position in Berlin has allowed him most extensive clinical advantages, and his work still maintains the lead on the subject.

THE

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D. G. BRINTON, M.D., EDITOR.

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THE GROWTH AND WORTH OF THE METRIC SYSTEM.

The progress of the metric system in this country is agreeable to the friends of its introduction. Last February the New York State Medical Society, after hearing the proposition made by the chairman of this committee, voted the following resolution, presented by Dr. Castle:—

"*Resolved*, That the New York State Medical Society requests of those who present papers at its future meetings that the metric system be employed in their communications, and that this system be *exclusively* used in the published proceedings of this Society."

The following resolution was presented to the Medical Society of New York County, and it is urged that other county societies take like action:—

"*Resolved*, That the Medical Society of the County of New York request the medical boards of the hospitals and dispensaries to adopt the metrical system in prescribing, and that the faculties of the medical colleges in this city be also requested to order its adoption in their didactic and clinical departments."

The advantages claimed for the metric system are principally in two directions: first, that by adopting it we bring ourselves into conformity with most European nations, and thus save endless trouble in the useless work of changing tables of one set of measures into another before we can compare them. Scientific results, expressed in scales of Fahrenheit's thermometer, in pounds, gallons and feet, can only be brought into comparison with those expressed in meters, liters and degrees of centigrade, after a very tedious and totally useless mathematical calculation.

Secondly, the metric system being on the decimal basis, is far more easy to subject to the processes of arithmetic than any other. Much may be said, indeed, in favor of the duodecimal system; and the ancient Assyrians combined them both in a highly ingenious manner, which certainly presents, for some lines of calculation, advantages over either alone. But the decimal is unquestionably better than any system which involves the handling of common fractions.

As to the basis of the metric system, it is, we regret to say, faulty and unscientific. It is vitiated with a mathematical blunder at its outset, and it seems hard that we should be called upon to perpetuate it. The meter was adopted first by the French Reformers, after the Revolution of 1789. Assuming that the globe is a body of invariable dimensions, they attempted the almost impracticable task of making a trigonometrical survey of a quadrant of the earth's surface, and completed their labors by constructing a standard meter, which should be exactly one ten-millionth part of the distance from the equator to the pole. Unfortunately, it has since been shown that these learned men were wrong in every particular. The earth is not invariable in dimensions, the equatorial circumference is not a perfect circle, so that there are different equatorial axes, and, therefore, different lengths in different longitudes; and, lastly, it has been proved that the survey made by the French physicists was incorrect, and accordingly the supposed perfect meter was erroneous, to the considerable extent of one part in 5527. When the latter fact could no longer be denied, it became necessary either to alter the assumed length, or to abandon its sup-

posed relation to the earth's dimensions. For obvious reasons the French Government decided in favor of the latter course.

Hence the unit of the metrical system is an imaginary one, found in no constant relation to the proportions of the globe or solar system, and not a whit superior to the English foot or the Hebrew cubit.

A truly scientific standard would be one based on some constant relation of the kind; and until such a one is established we may be permitted to look with moderate enthusiasm on the metric system. Its only solid recommendation is the convenience of comparison and calculation which it offers; but this is, as we have said, very great indeed.

Notes and Comments.

Effects of Climate in Phthisis and Rheumatism.

Dr. H. Peters, of Saxony, has made a careful study of this subject, and his results are as follows:—

In chronic phthisis and chronic catarrhs of the respiratory organs, aggravation occurred on the colder days, and concurrently with a rapid fall in the mean daily temperature. It also occurred with a high atmospheric humidity, with a prevalence of northerly and westerly currents, and (contrary to the ordinary opinion) when ozone, or the substance giving the so-called "ozone reaction," was present in large amount in the air. The days on which no aggravation took place were those with low relative humidity, a greatly diminished mean relative humidity, a prevalence of southerly currents, and a low percentage of "ozone."

In the cases of chronic rheumatism the patients got worse when the mean temperature fell considerably from one day to the next day or days, when the relative humidity and the amount of "ozone" were high, and the wind blew from a westerly direction. They were unaffected, on the other hand, on days of high mean temperature, with a low relative humidity, and but little "ozone" in the air. With regard to barometric pressure, the only positive result made out in the chest cases was that in "the majority of the patients their disease was aggravated or much intensified on the days when the pressure was high." No positive conclusion, on the other hand, could be arrived at as to a connection between aggravation of chronic rheumatism and pressure.

On Ophthalmia Neonatorum.

This affection is the subject of an article in the North Carolina *Medical Journal*, by Dr. Richard H. Lewis. He sums up the therapeusis as follows: If I were called on to define exactly the treatment I would specially recommend, I should say this: Cleanse the eyes in a careful and thorough manner, with a lotion composed of sulphate of zinc one grain, alum three grains, water one ounce, which, by the way, is the favorite remedy of the Surgeons of the Royal Ophthalmic Hospital of London, just as often as the accumulation of discharge demands, and every 12, 8, 6, or 4 hours, according to the severity of the case, instill into the eye a drop or two of a solution of nitrate of silver, of the strength of two grains to the ounce of water.

Under this treatment, if promptly undertaken and faithfully carried out, I am confident that very few cases would fail to recover completely.

The Physics of Emulsifying.

An English exchange states that Prof. Quincke, who has just published an essay on the subject, considers that the process is due to the expansion or widening out of thin soap films from the surface of the oil. The formation of these films causes vortices in the interior of the oil and in the adjoining fluid, which lead to the breaking up of part of the oil, and the formation of extremely minute drops. Very small quantities of soap—so small indeed as not to be recognizable under the microscope—are sufficient to cause the phenomena described. Fats which contain free fatty acids form solid soaps in a weak solution of soda, which dissolve in the fluid surrounding the oil drops, and spread over their surface. This film, or a succession of them, renders the surface of the oil drop immovable, and prevents the drops from coalescing, thus maintaining the condition of emulsion.

The Identity of the Poisons of Scarlatina and Typhoid Fever.

An able London physician, Dr. G. de Gorrequer Griffith, maintains, in the *Medical Press and Circular*, that typhoid and scarlet fevers both arise from the same poison, whatever that may be. Erysipelas and puerperal fever he believes are probably also effects of the same toxic elements, the poison being one and the same, the symptoms or diseases resulting from it differing with the age, sex and condition of the patient.

CORRESPONDENCE.

Foreign Body in the Œsophagus.

ED. MED. AND SURG. REPORTER:—

For the encouragement of those who believe in nature's abilities, let me report the following case. A little girl, aged four years, was brought to my office in great haste by her mother, who stated that, while at play with some other children, they got her to swallow a piece of glass. She saw the child nearly choking, and in her fright took her by the shoulder and shook her severely, and it went down. As it had not cut or lacerated the mouth or throat, I quieted her fears as best I could, and ordered small doses of oil once a day. Three days after she passed at stool a small piece of glass, in shape like a bent elbow, each arm being seven-sixteenths of an inch long, with four moderately sharp corners. No other trouble.

I have long been in the habit of making strong applications of tincture of iodine to my erysipelas patients. I was lately (February, 1879) called to see a severe case, which had just had a relapse from convalescence from a previous severe attack, and the low condition of the patient, a young lady of twenty-five, made me fearful of the result. After painting the part affected (her face, neck and anterior scalp) well with tincture iodine, I ordered her ten drops in lemon syrup every three hours, combined with nux and belladonna. The third day she was convalescent again, and made a good recovery. I never heard of a similar use of iodine in such cases, and would like to know if it is new. I certainly shall try it again when I have opportunity.

Trenton, Mo. C. A. FREEMAN, M.D.

Pleasant Means of Medication.

ED. MED. AND SURG. REPORTER:—

There is no point in practical therapeutics that tells more for a physician than his ability to render pleasant the remedies which he employs. This, indeed, seems to be an item in the rôle of practice but little thought of. Instead of becoming a vital consideration, the neglect of it, perhaps, lies at the root of more failures in practice than we imagine. Our ancestors might employ drugs in their crude and unshielded form, but the physician of this period must arouse himself to the fact that there are forces at work to-day which our forefathers could not foresee. Society has changed, and this link which unites with it the science of medicine must be tempered proportionally. We are not the sturdy, rough and ready nation we were a century agone—we have become more élite. The popular voice is for those elements which are at once agreeable and congenial.

Amid this changed condition, we, as progressing men, must be alive to the necessities and demands of those upon whom we are dependent. The objection to unpleasant medication meets us at every turn of professional life. It stands out as the stigma to our system of therapeutics, recognized by the popular mind universally.

Homœopathy—springing, as it did, from the aberrations of an intellect of questionable sanity—owes most of its short-lived triumphs to that one plan in regular therapeutics. Many are the families who have preferred to risk the disciples of Hahnemann rather than take the disagreeable compounds so frequently prescribed by our own school. He who has looked into the history of medicine could not fail to have noticed the steady progress of scientific medicine, yet the wheels do not roll unclogged. There must be wrought a change, and it should be impressed upon the minds of practitioners and students of medicine from those centres of education, the lecture room and the press. Many a course of lectures upon Materia Medica and Therapeutics give but a general allusion to the various menstrua which should be employed to shield the different unpleasant drugs. How rare a thing is it to see in the journals of the country an article, either to arouse or to instruct upon this topic. I have recently perused the numbers of one of our leading periodicals for years back, without finding a line aimed in this direction. I take it as the duty of medical men to be zealous in recognizing defects wherever existing, that we may develop in medication a greater degree of perfection.

J. W. HICKMAN, M.D.

1945 *N. 11th St., Phila.*

Some Cases of Diphtheria.

ED. MED. AND SURG. REPORTER:—

I was called to attend Mrs. S., in confinement; delivered a healthy child. Six days after confinement the mother complained of sore throat. Her family attempted to treat without calling a physician. Two days later I was sent for; found a severe case of diphtheria. Up to this time the child had nursed, and was doing well; ordered child to be fed, and not allowed to nurse. It was also taken out of the house, to a neighbor. Two days later the mother's condition was much improved. Husband sick now with violent symptoms of diphtheria, local and general. One day later child was brought back to the house, with the remark that the baby has diphtheria. I turned to examine it; found throat and nostrils filled with diphtheritic membrane, and the breath terribly offensive. On one occasion I removed several large pieces of membrane from its throat, the membrane having become detached, but it soon reformed; child was eleven days old when it was taken sick (with diphtheria), and died from the disease six days after the commencement of the attack; mother and father recovered. Four of their relatives, who were in the habit of visiting the above family, were taken sick with diphtheria, in rapid succession, one of them severely, the others slight and moderately; all recovered. The points of interest to me were:

1. I have never heard of or saw a case of diphtheria in a woman who had been so recently delivered.
2. I have never seen or heard of a child suffering from diphtheria so young as this one.
3. Did the child contract the disease in utero?
4. Did it contract the disease through nursing (the milk)?
5. Did it contract the disease by breathing the contaminated air of the mother's bedroom?

6. Which was calculated to give the child the best chance for recovery, to allow it to continue nursing and depend upon the remedies used in the treatment of the mother to so affect the milk as to be beneficial to the child, or to do as was done in this case, rely upon artificial food and a separate and direct treatment? (The child was removed with the hope that it might escape an attack of the disease, and that it might not nurse.)

This case reminds me of a case of scarlet fever I saw in a woman (several years ago), who contracted the disease from some of her children which she had been nursing. When she was taken sick she was nursing at her breast a babe six weeks old. I at once ordered the babe to be fed artificially, and not allowed to nurse. This they did not do until the following day, when the child was taken away from its mother and not again allowed to nurse. Mother died on the fifth day of the disease. The child never contracted the disease, though the mother's case was a most malignant one.

Marshalltown, Iowa. H. L. Getz, M.D.

Type of Pulmonary Disease.

Ed. Med. and Surg. Reporter:—

In the Reporter of April 12th, page 316, I see a communication from Dr. Thomas M. Matthews, of Edom Texas, on "An Epidemic of Obscure Pulmonary Disease." I take occasion to say that this part of the country has been visited by an epidemic of a somewhat similar character, but more minutely and clearly described by Prof. Da Costa in the Reporter of March 8th, page 208.

The catarrhal, the gastro-intestinal, the cerebral symptoms, the nervous disturbance, and the depression, are so clearly set forth in Prof. Da Costa's clinic upon the prevailing epidemic influenza at the Pennsylvania Hospital, and so nearly identical with the symptoms of the epidemic that has prevailed here from about the 7th of January, 1879 to the latter part of March, that I do not think it worth while to take up your time and space to recapitulate them. The epidemic here ranged from signs of ordinary coryza to severe cases of pneumonia.

In Dr. Matthews' communication he says that when the disease was properly treated, it was easily managed or controlled. I cannot say so much for the epidemic that prevailed in this section of the country, not drawing alone from my own experience, but from that of several of my neighbors, who I know to be educated and experienced physicians. The mortality has been extraordinarily large, and almost entirely among adults. Many persons have succumbed to this epidemic who were previously in poor health, and who were more or less debilitated from other causes. In fact, a large majority of the deaths were of this class of persons. When the cases were seen early, and the constitution and previous health good, they were easily controlled, and made a good recovery, where a little delay might have proved fatal. And let me state right here, that when good food and plenty of stimulants were given, I met with the best results, and when patients objected to taking stimulants, or nurses failed to give the proper quantity, I had the hardest cases to manage. My treatment was a purgative sufficient to unload the bowels and portal circulation, followed by such remedies as are calculated to meet special indications as they arise, iron, quinia, cinchonidia, beef tea, whisky, wine and beer, and I have not yet seen a single case where over stimulation was productive of the least serious results. J. Chewring, M.D.

Renault, Ill.

News and Miscellany.

The American Association for the Cure of Inebriates

Will hold its tenth annual meeting at the Hall of the Young Men's Christian Association, New York City, May 13th and 14th, 1879. Many important papers may be expected.

T. D. Crothers, *Secretary*

The Association of Medical Editors.

The annual meeting of the Association of American Medical Editors will be held at Atlanta, Ga., on Monday evening, May 5th, 1879. The annual address will be delivered by the President, Wm. Brodie, M.D., of Detroit. All editors of medical journals and publications are entitled to membership in the Association.

Sixth Decennial Pharmacopœia Convention.

The following notice has been issued:—

To the several Incorporated State Medical Societies, the Incorporated Medical Colleges, the Incorporated Colleges of Physicians and Surgeons, and the Incorporated Colleges of Pharmacy, throughout the United States:—

By virtue of authority devolved upon me, as the last surviving officer of the Pharmacopœia Convention of 1870, I hereby call a General Convention, to meet in Washington, D. C., on the first Wednesday in May, 1880, for the purpose of revising the Pharmacopœia of the United States.

For the information and guidance of all parties interested, I refer them to the rules adopted by the convention of 1870, to be found on page 11 of the Pharmacopœia of the United States, and request their compliance with the spirit and intention of the said rules.

James E. Morgan, M.D.,
No. 905 E Street Northwest, Washington, D. C.

Proceedings of the Gross Banquet.

The committee who had charge of the banquet given to Dr. S. D. Gross, on April 10th, have published the Proceedings on the occasion, including the addresses, in a neat, muslin covered volume, adorned with a photograph of the eminent surgeon. The response of Dr. Gross gives a sketch of many interesting facts in his career, and many pleasant associations. The work can be had by enclosing the price, 50 cents, to the office of the Medical and Surgical Reporter,

The Yellow Fever.

An eminent specialist in this disease, who has been passing some weeks in New Orleans, writes us, under date April 21st, that sporadic cases of the disease have occurred this spring in that city, in houses where there were cases last summer, but the disease has not extended beyond the immediate premises. One genuine case was imported from Rio Janeiro, reaching New Orleans on the 26th of March. He was taken to the Fever Infirmary, recovered, and was discharged on April 10th.

At a meeting of the Davidson Co., Tenn., Medical Society, at Nashville, in March, Dr. E. L. Drake maintained that the fever was an imported disease, and that it cannot originate under the climatic conditions of this country. He concluded with the following propositions on the subject:—

1. The danger of attacks from yellow fever is in proportion to the amount of the poison taken into the system.

2. There is a systemic toleration of the poison, varying with the vital resistance of each individual, and zymotic action is mainly concerned in the process of sporulation and fructification without the body and not within, until the line of vital resistance is broken down, when this process may come into active operation, as in other effete matter, without the body; otherwise it would seem impossible for a single human being to escape.

3. In the midst of an epidemic depopulation of rooms and avoidance of confined areas of stagnant air afford the safest personal prophylaxis.

4. Quarantine of the ordinary lading of vessels, cars and other vehicles, and of the baggage and clothing of travelers from infected districts, should be rigidly enforced until disinfection is thoroughly consummated. Cities and towns should quarantine against infected districts, but the open country need not be put under restriction, as the facts in the case of the refugee camp near Memphis abundantly prove. Camps of refuge should be provided at convenient distances from a city or town infected, and the entire population exposed to danger should abandon all enclosures and live in the open air.

Arkansas Medical College.

At a regular meeting of the "Little Rock and Pulaski County Medical Society," held at their rooms April 5th, 1879, the following faculty was elected to put into operation "the Arkansas Medical College," under the charter granted said school of medicine in the year 1874: William Thompson, M.D., Professor of Principles and Practice of Medicine, and Dean of Faculty. James A. Dibrell, Jr., M.D., Professor of Principles and Practice of Surgery and Clinical Surgery. D. H. Dungan, M.D., Professor of Materia Medica and Therapeutics. Edward Cross, M.D., Professor of Obstetrics and Gynecology. A. H. Scott, M.D., Professor of Anatomy and Ophthalmology. J. H. Southall, M.D., Professor of Nervous Diseases and Medical Jurisprudence. Claiborne Watkins, M.D., Professor of Chemistry and Pharmacy. J. M. Pirtle, M.D., Professor of Clinical Medicine and Diseases of Children. J. J. Jones, M.D., Professor of Physiology and Secretary of Faculty. John R. Colburn, M.D., Demonstrator of Anatomy.

The Indiana Medical Bill.

The Indiana medical bill, after passing both houses of the Legislature, was vetoed by Gov. Williams. The sentiments of the profession at this outrage on science by "Blue Jeans Williams" may be judged from the following resolution, unanimously adopted at the annual meeting of the Knox Co. (Ind.) Medical Society, April 8th:—

WHEREAS, The protection of the life and the preservation of the health of the people are among the chief aims of good government, therefore,

Resolved, That we, in our capacity as physicians and surgeons, condemn the vetoing of the Medical Bill by Gov. Williams, as discreditable to himself, contrary to the spirit of the age, and derogatory to the dignity of the medical profession, as well as every other branch of science, and against the best interest of the people.

A Novel Partnership.

The Medical Society of Fairfield county, Connecticut, has been agitated over a professional question of a novel character. Some years ago Dr. Pardee, of South Norwalk, married a lady, and then paid her bills while she went to New York and attended lectures at the Homœopathic College. Having received her diploma Mrs. Pardee returned to South Norwalk, and the matrimonial firm conducted business together, the husband treating his patients according to the regular rules, and the wife securing a practice as a representative of homœopathy. Dr. Pardee's revolutionary conduct was soon brought to the attention of the County Medical Society. The charges brought against him were that he had carried homœopathic pills, etc., to her patients, and aided her in other ways. The matter has dragged along, as such cases are apt to do, going from the County Society up to the State Medical Society, and being then referred back, but at last the Fairfield county brethren have disposed of it by formally expelling Dr. Pardee.

Medical Fees in Prussia.

The Prussian Government proposes to do away with a fixed scale of physicians' fees, but to have a legal rate for the guidance of a magistrate when a charge is contested. This rate is as follows:—

For the first visit	2 marks (50 cents)
For subsequent visits	each 1 "
For a first consultation	5 "
For a second "	3 "
For a first office visit	1½ "
For a second "	1 "
For laryngoscopic, etc., examination	2 marks

For visits at night these fees are doubled or tripled. These are low rates, but in Germany science is cheap.

New Matter in Physiology.

Under this general heading Dr. W. H. Triplett, of Washington, delivered three lectures in this city last week. The points he brought out were as follows:—

First lecture. The law and the method of the animal circulation absorption, a rapid and easy process.

Second lecture. The portal and lymphatic circulations solved. The body of the higher animals one organ—it is cardiac—respiration its rhythmic movement.

Third lecture. The proofs of a great automatic reflex system of nerves to the vascular mechanisms for operating the circulation, in addition to the one of Sir Marshall Hall for operating the pieces of the bony skeleton.

The speaker's object was to bring into prominence the great physical laws of motion in fluids and gases, in their application to the development of organic form and the maintenance of the integrity of function. He illustrated his theme with the results of numerous experiments, and was listened to by an attentive audience.

Contributions in Laryngology.

Dr. Louis Elsberg, 614 Fifth avenue, New York, announces that he is preparing for the American Laryngological Association a report of what has been published in this country on laryngology and allied subjects, and will appreciate it as a favor if physicians will inform him of the title and publication of everything they have written on the subject of the throat, voice, etc.

Items.

—Dr. Lewis Windle, a physician of high repute in Chester county, Pa., died of heart disease, at Cochranville, on the 20th ult. He was sixty years old.

—Dr. Schliemann has invited Dr. Virchow and Dr. Linderschmidt, the greatest authority in Germany on prehistoric archæology, to assist him in his excavations at Hissarlik. Dr. Virchow has accepted.

—An Illinois man sleeps every night on a spot of ground left bare for the purpose in his house, and has an attendant shovel clean earth over him, to take the place of bedclothes. He believes that in this way he guards against disease.

—A French journal states that the waters of the Dead Sea are about to be worked for potash, iodine, and bromine. The projectors calculate on delivering potassium chloride in London at 90 francs per ton, thus underselling the Stassfurt manufacturers.

—Dr. Charles Evans died, April 21st, at his residence, 702 Race street, Philadelphia, aged 77. He was the author of "Cases of Insanity," published in the *American Journal of Medical Science*, and was for twenty years attending physician to the Frankford Asylum for the Insane. Since the year 1861 he had retired from active professional life.

—The Cremation Society of England, a joint stock affair, has received a check. Secretary Cross, of the Home Office, recently announced in the House of Commons that he will not sanction the proceedings of the company until the are approved by Parliament. English medical and legal circles object to cremation, because it destroys evidence of the cause of death.

—Russia is being transformed into one vast military barrack. It is now announced from St Petersburg that from the commencement of the next scholastic year the Medical and Surgical Academy of St. Petersburg shall be transformed into a purely military medical establishment. The students, whose number will be limited to five hundred, will be regarded as public servants and as such will have to take the oath of allegiance. They will all be taught gratuitously being required, in return for this advantage, to serve eighteen months in the army for each year they pass in the academy.

QUERIES AND REPLIES.

Dr. J. D. Van N., of Ind.—Picrate or carbazotate of ammonia is given in doses of gr. ss-j, in pill form, three or four times a day. Dr. Slane, of India, has given as high as gr. viij in twelve hours. Its toxic effects in large doses are marked. (See Napheys' *Medical Therapeutics*, sixth edition, page 418, for particulars.)

Dr. L. G. A., of Ky.—Saccharated calomel is prepared by triturating one part of calomel with two of white sugar. The dose is governed by the amount of calomel required. It has been said by some that acrid properties are developed in the mixture.

Alvens.—The so-called "spruce gum," or "chewing gum," is not from the spruce tree, but from the "sweet gum tree," of the natural order *Hamamelaceæ*. But, in fact, most of the chewing gum sold is not from this or any tree, but is an artificial product, consisting substantially of paraffin sweetened with sugar. Its use is an unseemly and discreditable habit, but we are not aware that it is injurious to health.

Stella.—The consumption of fruit as a first course at breakfast is a praiseworthy custom, on sanitary grounds. We are glad to notice that it is growing in favor.

MARRIAGES.

BUECKING—WATKINS.—On Sunday, April 13th, at Chicago, Ill., by the Rev. L. Hoelter, of Evangelical Lutheran Emanuel Church, Dr. Edward T. Buecking, Professor of General, Descriptive and Surgical Anatomy, Bennett Medical College, Chicago, and son of Dr. T. Henry Buecking, Quincy, Ill., and Alona, daughter of Mr. T. Watkins, Chicago.

RANKIN—GARCIA Y SALAZAR.—In Cuidad, Victoria, Capital of the State of Tamaulipas, Republic of Mexico, Sylvester Rankin, M.D., formerly of Buffalo, N. Y., and La Señorita Francisca Garcia y Salazar.

WEAVER—KELLY.—On March 20th, at Ellsworth, Kansas, by Rev. Levi Sternberg, D.D., Myron H. C. Weaver, M.D., formerly of Huntingdon, Pa., and Miss Alice M. Kelly, formerly of Fulton Co., Pa.

DEATHS.

BROWN.—At Oneida, Knox Co., Ill., on Monday, April 21st, of chronic peritonitis, Benjamin F. Brown, M.D., in the 40th year of his age.

HUTCHINS.—On Wednesday, April 16th, at 796 De Kalb avenue, Brooklyn, Jeannie Morrow, daughter of Dr. Alexander and Mary P. Hutchins, aged 9 years and 9 days.

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Communications.

NEURASTHENIA.

A paper read before the Albany (N. Y.) Academy of Medicine, March 4th, 1879,

BY DR. W. O. STILLMAN.

The term neurasthenia, or nervous asthenia, comes from two Greek words, signifying a nerve and debility or loss of strength. Dunglison gives two synonyms: Neuralynamia and Debilitas Nervosa, the meaning of which are as nearly as possible identical with the chosen and more common appellation. It is a functional affection, which may or may not be accompanied with marked anatomical changes, and which is characterized by debility of the nervous system, varying in degree. A recent writer has graphically described it as the result of "over draughts upon a bank whose vaults are the ventricles of the brain, and whose currency is nerve fluid."

Nervous asthenia is a malady of recent origin, and is one of the concomitant evils of a delicately balanced and highly sensitive nervous organization. Being of but recent date, its literature is scanty and inadequate. It has been recognized by but few authorities in medicine, and has received but cursory attention at their hands. Dr. Austin Flint, Sr., in his "Practice of Medicine," devotes a page and a half to its consideration, and then acknowledging its importance, refers the reader to the department of mental hygiene. Dr. Geo. M. Beard has thrown considerable light upon this subject, and Dr. Weir Mitchell and Dr. Goodell, of Philadelphia, have paid some regard to it. Dr. J. S. Jewell, of Chicago, has also discussed it, in able review articles, and in a contribution to the American series of Clinical Lectures. Abroad it has received even less attention than in this country, not that observers there can be charged with being less alert and acute than at home, but because there is less of it there. Hugh Campbell, of London, has treated upon it, and Erb, of Heidelberg, has embodied a limited study of the disease in Ziemssen's Cyclopædia, vol. xiii. As before observed, it is found largely in this country. The prevailing characteristics of the American people are hurry and worry. The two together have launched this dire affection among us, and its preponderance here, compared with its frequency among Europeans, has given it the distinction of being called the American Malady. It behooves American physicians, therefore, to study it attentively—to consider its protean-like phases; to examine the conditions lying back of the same, and to regard carefully its etiology, prophylaxis, and treatment.

Every wave of financial distress that sweeps the mercantile seas strews the coast with these wrecks, and dots the main with struggling unfortunates crying for relief, laboring under the double burden of mental and monetary ruin. It is times like these that bring this class of cases before the physician. Then is his opportunity for studying them in all the multiform phases which characterize the disease. Then it is epidemic, so to speak, and the physician may better qualify himself to treat isolated and sporadic cases; to analyze different methods of treatment, and discover the different rates of progression under each. These cases are frequently met with in private practice, but seldom or never in hospitals; in private practice, and in institutions or retreats especially adapted to their necessities

they are found. And in the latter it is that they are best studied, being constantly under the eye of the attendant physician, who can watch the flitting by of each fugitive development, and enforce essential rules of hygiene and medication. And if there is any class of slow and tedious cases which need constant watching and advice, it is those who are afflicted with neurasthenia.

First, let us consider its etiology, immediate and remote. Austin Flint says that "it proceeds from undue functional activity of the nervous system, as connected with the exercise of the intellectual and emotional faculties." That is undoubtedly true in nine-tenths of the cases, and yet functional debility occurs just as surely from a lack of activity as from its antithesis. Nevertheless, it is with those of the former class with which we have principally to deal, as they are the most urgent in their needs and most pitiable in their condition. The immediate cause in the great majority of cases is worry—worry connected with business matters, or excited by domestic complications. Another large class is that suffering from sexual exhaustion, caused by excessive emissions or inordinate sexual gratification, or even lack of the same. Then comes another contingent, who actually overwork. I say actually, for the reason that simple overwork produces nervous exhaustion far less commonly than is generally supposed. Overwork is nearly always associated with worry and apprehension, that robs sleep, and the nervous system being deprived of its recuperative interval, there comes a time when the bank, to continue the figure first used, suspends payment. And yet overwork undoubtedly produces a not insignificant number of the cases of neurasthenia. Students and professional men who labor late at night, thus again curtailing the hours devoted to brain rest, are among the number who suffer in this way.* Again, nervous exhaustion is caused by emotional excesses, such as prolonged and profound grief, and undue excitement; especially in individuals in whom the emotional nature is very marked and predominant. Indeed, nearly all cases of neurasthenia occur in persons of the ultra nervous temperament, and in neuropathic families in which psychosis, hysteria, and other well known neuroses are familiar guests. It is more common among men, as they are much more subject to the first named causes than the opposite sex. It seems that anything which will lower the physical tone exerts a predisposing influence to this affection, and, as before remarked, simple inaction, when associated with the neurotic type, occasionally leads to asthenia of the nervous system.*

The immediate cause of this malady is usually comparatively easy to arrive at, but the remote cause, and why it should acquire a peculiar local or American prevalence, is, perhaps, not so easy to determine. In America industry is stimulated by vast opportunities. The competition is not, perhaps, so keen as it frequently is elsewhere, but with illustrious examples of intellectual and commercial success before his eyes, the average American cannot resist thinking he may attain to the same likewise. It is constant push, and drive, and energy, until the poor machine gives out. Who is so active and indefatigable as the American merchant, the American editor, artisan, scientist or professional man? Here everything, as Charles Matthews says, has got to be done in twenty minutes. But who shall say that our boasted opportunities and broad avenues to success are not a curse instead of a blessing, if they bring this terrible visitant to our door—are not as fatal to our health and happiness as the fabled gift of Midas. American ambition has worked out a typical, ambitious, American face; it has evoluted a new physiognomy. You see it everywhere; it is as familiar as Brother Jonathan, and the platform lecturers will tell you all about it. It is the sunken, restless eye; it is the elongated, sallow face; the hollow, nasal voice. Webster, Calhoun and Lincoln wore this typical mask, which bespeaks too truly the morbid condition which lurks behind. America is young yet; she is a precocious child, with too much cerebrum and too little biceps. By and by she will settle down into the assured good health of maturity, and the blissful satisfaction of elderly complacency.

I had desired to say a word about climate in this connection, but will omit it, through lack of time, and proceed to the consideration of the

Symptomatology. Neurasthenia is very properly divided into cerebrasthenia, or exhaustion of the encephalon; and myelasthenia or spinal exhaustion. These conditions are many times found with amazing distinctness of definition,

* The great observer of human life and nature speaks thus:—

"Sweet recreation barred, what doth ensue,
But moody and dull melancholy,
(Kindsman to grim and comfortless despair;)
And, at her heels, a huge infectious troop
Of pale distemperatures, and foes to life?
In food, in sport, and life preserving rest,
To be disturbed, would mad or man or beast."

Comedy of Errors—Scene 1st, Act v.

* Neurasthenia has an important relation to social grade, being seldom found in the lower stratum of society.

but usually more or less blended, and frequently complexly mixed. Their causes are usually different, and their treatment likewise differs much. They will, however, be more especially considered under the heads of diagnosis and treatment, and we will now content ourselves with a general consideration of symptoms. On examining these cases, the condition found is that of an overworked brain and nervous system, or, at least, a state of neurotic debility, and the resulting symptoms are such as would naturally arise from such a condition. Thus, prominent among the earlier indications is a marked degree of

Confusion of Thought. A business man is astonished and amazed that his head is not as clear as is its wont. He cannot think consecutively upon any subject, and is soon involved in a muddle, both profound and inextricable. There may be times when he can think clearly, but he is never sure of himself. At first the confusion may only be slight, but it soon increases, and may settle down to a chronic state of chaotic thought and indistinct ideas. The individual afflicted is perfectly conscious of his or her condition, and usually grieves and mourns over it, striving to rectify it by will power. But it is beyond the control of volition, and the unwilling brain cannot be forced to do its half performed duty. This symptom is quite universal in these cases, although instances of pure myelasthenia occur, in which intellectual ability is not perceptibly diminished in quality, although, perhaps, in quantity. Thus, I am familiar with a case which is capable of but a very limited amount of physical exertion of any kind, and yet is bright and quick in thought, and decides business matters of considerable moment with comparative ease and correctness. Others, on the contrary, with whom I have come in contact in the course of my professional life in Strong's Institute, not unfrequently, could walk many miles without discomfort, and perform acts requiring much physical exertion, and yet were totally disqualified for mercantile or professional life. Coeval with confusion of thought, and associated with it, loss of memory makes its appearance.

Defective Memory is incidental, of course, to all forms of debility connected with the nervous system, whether it be from exhaustion, from organic change, or from senility. It is not, therefore, distinctive of this affection, although from its relation to the immediate causes its association is significant, and it serves to distinguish the progress of the disease with tolerable accuracy. Loss of memory embraces names, facts, incidents, words, and side issues in conversation. It varies from time to time, and in certain lines of thought. Closely connected with the preceding two symptoms comes

Hesitancy in Speech; resulting not so much, I should judge, from deficient control of the vocal organs, as from the confused thought and bad memory just mentioned, rendering it difficult to form a clear conception of the subject under consideration, and hard to summon up the words to express it. It is not by any means so universal as the preceding two symptoms, and yet when found is frequently well marked. I recall a case now under observation at the Institute. When the individual first came under our care the hesitancy and stammering were absolutely painful. If a little embarrassed, it was still further increased. It was entirely beyond his control, and improved as his condition improved. He is a man of fair intellectual qualifications, and still when the simplest question was under discussion this phase of his malady manifested itself most annoyingly. He assures me that when in ordinary health he is never troubled in this way.

Indecision is also a marked characteristic. I recall an instance in which nervous asthenia had been brought on by overwork and care, in the person of a brilliant Presbyterian clergyman. Ordinarily he was a man of excellent judgment and firmness of purpose, but while suffering from this malady he betrayed a child-like lack of confidence in his own reasoning powers, and would vacillate from one purpose to another. Indeed, *timidity* and *lack of confidence* is very commonly met with. The degree to which it extends is forcibly illustrated in the case just mentioned. He told me that one day, while still in charge of his church, one of the members of his presbytery came to him and said, "How is it, Brother M., that whereas we always used to come to you for advice and counsel, you now always come to us?" He had no answer to make.

Depression, sometimes accompanied by an unnatural irritability, is almost invariably associated with this affection. I very much doubt whether a true case of cerebrasthenia ever existed which was not more or less affected by depression. It comes on very early in the history of the disease, and may be more or less permanent during its course. At first the attacks are usually of but brief duration, and during the intervals the individual may appear quite normal. Gradually the intervals are less and the depression more constant, until an almost chronic state of morbid moroseness and *melancholy* is sometimes attained. This may eventuate in confirmed *hypochondria*, or re-

verse its mode of progression, and gradual improvement take place. Such is the usual history. The attacks of depression sometimes last many months, and again, but a few hours. All the symptoms are usually worse during its existence. In one of the cases which I have studied the attack would sometimes last five months, and recur again a few days after its disappearance. I have remarked that the other symptoms were usually worse during the state of depression. At this time a vague apprehension and morbid fear of things frequently appears. If financial matters have brought on the difficulty, the spectre will usually be one of financial ruin and shipwreck, although perhaps there may not be the slightest foundation for the apprehension. If it is domestic infelicity, it may take the form of personal persecution. In fact, the condition is but the incipient stage of similar features found so frequently in mania and melancholia. I have never known actual hallucination to exist, unless the case had transcended the limits of simple neurasthenia, and entered the boundaries of determined insanity. It is during these states of depression that confusion of thought is the most marked. It does not appear to be from lack of ideas, but simply because of deficiency in the coordinating power over them. Ideas are abundant; crowds of half-formed conceptions wander through the mazes of the brain, with no one to say them nay, or regulate their order and movement. They, therefore, think to no purpose; lose confidence in themselves, and are timid, and nervous, and apprehensive.

Restlessness is also a symptom usually well marked. The depression may, or may not, be of the brooding type, although self is very apt to be the subject of thought. Sometimes they wander persistently from one place to another, and can only be lulled to rest by catching the attention and holding it with some light, trifling subject, or by reading an inconsequential story. In many cases however, it has not reached this degree of development, and but little is seen of this symptom.

Insomnia, however, is an almost unfailing accompaniment. It often long precedes the disease itself, and persistently clings to it during its course. It is one of the most annoying of its features, and stands in the relation of being an immediate cause, and during the course of the malady often the most serious enemy to recovery. If good sleep can be procured, it is not usually hazardous to predict a speedy and permanent convalescence.

(To be Continued.)

DIPHTHERIA AND ITS TREATMENT.

Read before the Linn Co., Oregon, Med. Association, Nov. 14th, 1878,

BY J. LINSEY HILL, M.D.

There has probably been no other epidemic disease so general and so fatal throughout Europe and the United States for many years past as diphtheria, and like all other diseases attended with great fatality, it has furnished a theme for all kinds of speculation, both respecting causation and treatment.

We probably know as little of the cause of diphtheria as we do of many other hidden mysteries in medicine, unless we acknowledge its origin to be from numerous sources. And it would also appear that we are in equally as great confusion respecting its cure, when we glance over the many different views held by physicians. To undertake to enter into a lengthy discussion as to the cause or treatment would not be practicable at this time, but I will simply say that from what I have seen, it appears to have its origin in some peculiar poison in the atmosphere, and under certain conditions of the system to be highly contagious.

Why I take it to be atmospheric is, that, as we have all observed within the last few years, it has passed through the country in narrow lines, usually, but not always, seeking elevated sections of the country, and after sweeping everything before it within a given space of a few miles in width, passes on in its circuit to other parts, without spreading generally on all sides.

As to its being contagious or infectious, we have abundant evidence, in children living in non-infected localities taking it shortly after being taken into the presence of those suffering with the disease.

But what I mainly want to speak of to-day is treatment. I have tried the iron and quinine treatment, the chlorine mixture, the alcoholic, mercurial, iodides, etc., accompanied by many different external applications, and have finally arrived at the conclusion that the more alcohol, tinct. ferri. or muriatic acid, no difference what the combination may be containing the acid, that is introduced into the system of a diphtheritic patient, the less are the chances for recovery; and quinine I regard as of very doubtful benefit during the active stage; while iron is more injurious than otherwise—the carbonate least of any, and the tincture most injurious—during the actual progress of the disease. During the time diphtheria was raging with such fatality in the adjoining counties of Benton and Polk, I had a tolerably fair chance to test the virtue of more

plans than one of treating such cases, and since that time we find it playing around our own city, to some degree, every few weeks.

We will all acknowledge diphtheria to be a constitutional and not an entirely local disease, consequently the constitutional treatment is of first importance. After having gone through with the programme above indicated, I have adopted as the only satisfactory constitutional treatment that I have ever used, chlorate of potassa and sulphate of soda, alternated in large and frequently repeated doses. I pay but little attention to age or size of the patient, but aim to get the system saturated with these articles as soon as possible, and keep it so until the disease shows unmistakable signs of giving way. And if I were compelled to accept only one of these remedies, I should give sulphate of soda the preference, by far. I have never had material trouble in a single case, to my recollection, where I pushed the sulphate thoroughly. I have treated cases with iron, and the chlorine mixture, where I became satisfied that the treatment was inciting the disease to greater activity, and when they were discontinued and substituted by sulphate of soda and chlorate of potassa, given in water, without stimulants or tonics, the malignant and inflammatory character of the disease soon showed evidence of abatement.

I am aware that many worthy members of our profession are strong advocates of the stimulant course of treatment, and would, of course, stand in antagonism to the course that I pursue, but since I have given their plan a thorough trial, and with as great anxiety that it might prove availing as I ever did the course that I now adhere to, and found it to fall so far short of what I had expected, I think I am fully justified in severing friendship with it.

Another article that many find fault with I believe to be in many cases deserving of unbounded credit, to wit, mercury. There are some cases that would doubtless terminate as favorably without its use, just as there are cases that would terminate favorably without a dose of any kind of medicine; but there are other cases, and they numerous, in which I believe the administration of calomel to be almost indispensable. The prejudice that exists against mercury, through the ignorance of the laity, stimulated by homœopathy, eclecticism and other shallow-pated quackery, has often, too often, I am free to confess, caused me to desist from its use, where my better judgment rebuked me for it, and not until the most pressing urgency of the case demanded it would I resort to it. Such has been my experience with it in a number of cases of diphtheria, and if I have any blame to attach to myself respecting mercury in the treatment of diphtheria, it is that I have been too sparing in its use. I do not remember ever to have given a dose of calomel in a diphtheritic case, where there were the least indications for its use, without being rewarded with beneficial response from it.

We next come to local treatment. Externally I have no faith in anything whatever that I have yet tried, except dilute tincture of iodine, sufficiently diluted that it can be frequently applied without excoriating. I think it may be absorbed in sufficient quantities to reduce the glandular enlargement. I have never derived any benefit from poulticing.

With many, the warfare against internal local applications is more vigorously prosecuted than it is against mercury. I have treated cases in this respect, pro and con, and am constrained to believe that the majority of severe cases are more speedily brought to a successful termination by local applications to the internal throat than by their neglect. Cases of a mild type need nothing of the kind, but where the diphtheritic, fungoid growth is extensive and deep, sufficiently to partially obstruct breathing, I see no good reason why we should not remove it with the same promptness that we would remove any other foreign substance from the air passages or extra granulations from an external ulcer. It is said by some that it is only worrying the child to remove the false membrane, for it will return, to be removed a second, third or fourth time. I will admit that it will continue to return until the disease is removed from the system. It is only worrying a child to give it quinia to break up the ague, with a fair prospect of its return, unless the remedy is persevered in for a time. It is, indeed, worrisome, and to say the least, very unpleasant, to take medicine to abort an attack of asthma, with almost a certainty of its return in due time; but should this deter us from giving present relief? With one accord we say no. It is evident that many children's throats have been permanently injured by the injudicious use of caustics, but that does not at all signify that the judicious use of them might not be beneficial. My plan has been to make a mild caustic solution of argenti nitras or tincture ferri chloridi, and apply it with a feather or probang sufficiently thorough and often to remove the false membrane, and then stop till it *does* re-form. I fail to see where the throat is injured by making an application to a foreign substance

in it, inasmuch as that foreign substance must become detached eventually and be thrown off, provided the patient can outlive the disease. It has also occurred to me that to continue to breathe through a rotten, putrid, poisonous mass might prolong the disease beyond its intended time.

The above is intended to apply to ordinary, malignant, uncomplicated cases of diphtheria. Such I have uniformly treated according to the plan just given, successfully in every instance. But there is a complication in some cases that I shall not attempt to suggest a treatment for, as I am compelled to acknowledge an inability to treat it satisfactorily, but will ask an expression from other members of this society, respecting it, namely, diphtheritic croup—where diphtheria is plainly visible on the tonsils, and extends into the trachea. I have treated two such cases, unassisted, and those two died. I have treated several other cases, with the assistance of counsel, and they died. I have heard of many others being treated by different physicians, during the late epidemic, and have failed to hear of a single recovery, although there might have been recoveries that I did not hear of. I treated two cases that I thought were assuming the croupous form that did recover, but neither of them became positively croupous, and whether they would have, had they not received early and persevering treatment to prevent it, I don't know.

One of the cases that proved fatal under the treatment of another physician and myself had the benefit (if I might so call it, in view of the termination) of the steam atomizer, which appeared to give more present relief than anything else used, and I think life was prolonged a few days by it; but death finally ended the scene, as I think it almost invariably does.

Tracheotomy I have never tried, and from the history of cases given where it has been tried, in this and other States, the result does not seem to be very encouraging. I treated one case that, had the instruments been at hand, I should have operated upon, but by the next day I could plainly see that an operation, even if it had been performed early in the attack, would have been useless, because the membranous deposit continued to extend until the lungs were so positively occluded that, had the trachea been entirely relieved, the result could not have been different. The membrane here presented is probably half the entire amount that was expelled from the trachea during the spasmodic efforts to cough. [Here about half an ounce of the membrane was presented, in a vial of dilute alcohol.] This was thrown off at different times during the last two days of the little patient's sickness, and at one time the breathing became so much relieved that I had hopes of a better termination; but all hopes soon vanished when an asthmatic wheezing and heaving of the chest indicated the progress being made into the lungs. This state of things continued for about six hours, when the patient died from asphyxia.

I have never tried atropia in such cases, but from its known action on the air passages, in functional disturbances, and its tendency to dry the mucous membrane of the throat, I would have some faith in its being capable of drying the mucous membrane of the trachea to such an extent that the further tendency to develop the fungous growth might be stopped.

The inhalation of moisture, as steam, medicated and non-medicated, has been recommended, but on trial it fails to meet expectations; expectorants have been most thoroughly tested, without good results; tracheotomy cannot be relied upon, and if drying out the mucous membrane of the air passages as they become invaded will not prevent the exudation or growth, I have no knowledge of any rational treatment for it, and if any member of this Society has, he will confer a great favor by making it known.

[The members present answered, with one accord, that they had never known a genuine case of diphtheritic croup recover. I will further add that since writing this article I have had two other cases of diphtheritic croup, which resulted as before. In one of these I administered belladonna, but as the case was in a neighboring village, some distance from me, I was not enabled to press it as desired. If any reader of the Reporter knows how to cure it, I should certainly welcome the account of his treatment in the columns of the Reporter.]

A CASE OF TRAUMATIC (?) TETANUS.

BY C. G. SHIVERS, M.D.,
Of Haddonfield, N. J.

During the month of September, 1878, I was called to see Charles S., aged fourteen years, who was said to be "in fits." Upon examination, I found the pulse eighty; temperature normal; skin moist; bowels constipated; abdominal muscles tense and hard; tongue slightly furred; an anxious expression of countenance; mind clear, and, at varying intervals, spasms of the muscles, there then being marked opisthotonos and strabismus. During the existence of

the spasm the patient would sometimes snap at his nurse, and on one occasion bit him on the arm. The boy's parents could not remember that he had been wounded in any way; but remarked that two weeks before a strange dog had jumped upon him, without, however, drawing any blood. I inquired carefully if he was naturally nervous or easily excited; they replied that he was not. Upon offering him a drink of water I observed that the act of swallowing was not attended with spasm, and informed the family that, in my opinion, the child had idiopathic tetanus, probably caused by an accumulation of hardened fæces. I prescribed for him potassii bromid., gr.xxx, every hour; and pil. cath. com., No. v, to be taken at bedtime. My first visit was made about four P.M.

The next morning, at nine o'clock, I saw him again, and found he had passed a very restless night. His bowels had been freely evacuated; his tongue, skin and pulse the same as on the day before. The spasms were more frequent, and the least noise or breath of air brought on a paroxysm. Applied cantharidal blister to spine, and continued potassii bromid., with morph sulph., gr.¼, every three hours, "pro re nata."

At six P.M. found the patient somewhat under the influence of morphia, but still very much distressed. Substituted for morph. sulph., pulv. ipecac com., in ten-grain doses, every three hours, omitting the potass. bromid.

On the morning of the third day the boy was more comfortable, having slept two or three hours during the night. Pulse ninety, tongue furred; bowels constipated. Continued Dover powder, and renewed potass. bromid., and ordered cold to the spine.

About dusk in the evening I found the patient much worse, the spasms coming at shorter intervals. The pulse was still under a hundred, and the skin was moist. I determined now to administer chloral in good-sized doses, often repeated, supposing the case would prove to be like all cases I had ever seen before—"*touts les cas sonts des morts.*" I administered to him, immediately, chloral, gr.xx, and left orders to give him a dose (gr.x) of the medicine every half hour until the spasms diminished in frequency; then to give it every hour until he slept; after which to awake him every three hours for his medicine.

On the fourth morning I was surprised to find the patient very much improved. He had slept continuously for four hours, being asleep on my arrival, during which time he had been free from spasm. He could be aroused, but was very sleepy. While counting his pulse I accidentally discovered a recent cicatrix upon one of his fingers, which, on inquiry, I ascertained to be the result of an incised wound, caused by a penknife some three weeks before. After this the patient continued to improve, and in a few days recovered. For four days the chloral was administered at intervals during the daytime, without producing any unpleasant effects.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF PROF. A. B. ARNOLD, M.D.

Cases of Insanity.

GENTLEMEN:—There are at present two insane patients in the hospital, who were admitted under the following circumstances: One of them, a young man, was brought here to be treated for a wound of the neck and a fractured thigh; the other, a woman, was admitted a few days ago, at a late hour in the evening. A police officer in the immediate neighborhood observed her behaving in a strange manner, and as she could not give an intelligent account of herself, she was sent to this hospital. These cases afford me an opportunity to make you acquainted with some of the features of mental disease, for although insane persons are generally assigned to the charge of specialists, or find their way into an insane asylum, still the services of the general practitioner are frequently called upon in recent cases. He must also be prepared to give his opinion in questions of mental competency, and decide upon granting certificates for admission into lunatic hospitals.

Subacute Melancholia, with Suicidal Propensity.

The history of the first patient whom you saw in the surgical ward was gathered from his wife, who has faithfully nursed him since he was admitted. C. T., 31 years of age, had typhoid fever in his early youth. His father was a confirmed inebriate, and had been the cause of much misery in the household. On his death his widow was left in very reduced circumstances, and with a family of young children to support, in which she was assisted by her eldest son, our patient. His failing health induced his mother to send him from home. He found employment in a mercantile house, in Buffalo, where he was much liked for his steady habits and devotion to business. At the age of 25 he married. Some time in October, 1876, his wife noticed an alteration in him. In place of being of a cheerful and lively disposition, he became downhearted, morose, and silent in company; he slept little, frequently refused to eat, said he felt miserable, and sometimes wept like a child, without assigning any satisfactory reason. This depressed condition gradually deepened, so that his employers found complaints against him, on account of his neglect to attend to his duties. It was finally

ascertained that our patient was subject to various delusions. He says that he feels a ball rolling up and down in his spine; his marrow is rotten; something dreadful is about to happen to him; he does not feel like other people; has lost all confidence in himself, and finds it impossible to do anything right and proper; he hears voices that tell him he is lost. One day he was missed from home and from his place of business, and about two weeks later his wife received a despatch from Chicago to come on and take care of her husband, who had been attacked with a serious illness. His wife brought him home to his mother's house, in this city, where he made several attempts to commit suicide. The last attempt was the most desperate. While sitting at the dinner table he suddenly snatched up a carving knife, and inflicted an extensive, but not a dangerous, wound across his neck. He succeeded in escaping from the hands of the persons who tried to secure him from doing further mischief to himself, and then, springing through the doorway, he leaped over the balustrade and fell to the floor below, a distance of nearly thirty feet. He was there found in an unconscious condition, and on examination, it was discovered that he had broken his leg.

The patient is evidently anæmic, there is a dejected expression of the face, the skin is cool, and the pulse has little force. His delusions partake now of a religious character. God and the angels tell him that he is unfit to live; he is the incarnate devil, but he cannot understand why he should be chosen for such an unhappy fate; he knows that he caused the great fire of Chicago, and the late civil war, etc.

This is a typical case of that form of insanity which is commonly designated melancholia. The distinctive symptoms of this mental disease in our patient are well marked. It commenced with a depressed state of the mind, that is manifested by undefined feelings of uneasiness, dread and wretchedness. There is reason to believe that the whole mental sphere of the melancholic is overshadowed by the dark gloom of his morbid sensations. His wailings and complaints solely refer to his own person, and thus reveal an exaggerated state of self-feeling. Even the most ordinary events of daily life affect him with displeasure; while the most exciting occurrences that do not directly concern him cannot swerve him from his indifference. Gradually these vague, distressing feelings take a more definite shape. The dark forebodings settle into some fancied realization; or the mental disturbances suggest a horrible meaning; or a popular belief is fixed upon in explanation of the cause of suffering. Whatever these false notions may be, they develop into delusions which henceforth control the language and acts of the melancholic. The principal delusion in our patient was probably influenced by the sense of hearing—he heard "voices." Alienists tell us that this kind of hallucination is prone to develop suicidal, and less frequently, homicidal propensities.

Although it is a precarious undertaking to analyze the psychical processes that take place in the brain of an insane person, with the object of determining the motives of his conduct, it may, nevertheless, be hazarded in the instance of our patient, to intimate the probable mental operations which resulted in his mad acts. His flight from Buffalo may have been an effort to escape from his mental torture by a change of residence, and his attempts at suicide originated either in a desire to put an end to his miserable existence, or were in obedience to the command of the "voices." But it is of far more practical importance to remember that melancholic patients are exceedingly disposed to suicide, and that this tendency is developed at a very early stage of their malady, when the symptoms of mental disorder are but little pronounced.

The prognosis of melancholy may be said to be very favorable. Experience has, however, established the fact that a great number of cases of insanity commence with melancholia and terminate in mania. Sometimes these forms of mental disease occur in alternate succession, and constitute the *folie circulaire* of French authors. Unfavorable cases of primary melancholia usually end in hopeless dementia. Improbable as it may appear, it has, nevertheless, been observed that a hereditary tendency to mental disorders does not lessen the chances of recovery, though relapses are common.

In the management of a case of melancholia, it is absolutely necessary to take measures against the possible suicidal inclination. If the means of the patient are not sufficient to defray the expense for the care and watching he needs, nothing else is left but to send him to an asylum. You must not yield to the arguments of his family or friends, that he is only "low spirited" or "out of sorts." The community is frequently shocked by accounts of suicide which might have been prevented by timely precaution.

No general rules can be laid down for the treatment of melancholia. The chief indications refer to the state of the digestive organs, the functions of sleep and the mental symptoms. Our patient required mild laxatives to correct his foul tongue, offensive breath and constipation. Drastic purgatives must be avoided, for this class of patients usually present the signs of general debility. Considerable difficulty was experienced in feeding this man, as he frequently refused to take his meals, which consisted of easily digested articles of diet. Moderate doses of chloride always produced undisturbed sleep, but had no influence in quieting his incessant allusions to his fancied troubles during his working hours. Tepid sponging seemed to allay this "mental pain."

Acute Mania—Hereditary Predisposition.

Those of you who have watched the insane girl in the woman's ward must have observed a marked contrast between the character of her mental disorder and that of the melancholic patient I have just described. Her father informs us that this is her third attack within the space of two years. She is twenty-four years of age, menstruates regularly, and with the exception of these repeated attacks of insanity, she had always enjoyed excellent health. An older brother is now confined in an insane asylum, and an uncle, on her father's side, committed suicide. The first outbreak in her case came on rather

abruptly, and was of an extremely violent character while it lasted. The second was more prolonged, though not so severe. Six weeks ago her family noticed some signs of a recurrence of an attack. She became indifferent to her household duties, frequently remained in bed beyond the usual time, spoke little, appeared to be absorbed in thought, and when reproached on account of her singular behavior she answered with a sigh and tears. After having continued in this state for several weeks she began to become boisterous, unruly, abusive, and incoherent in her language. A separate room in the hospital had to be assigned her, as she conducted herself in an outrageous manner, was extremely noisy and mischievous, though she sometimes conversed quite rationally and seemed to know what she was doing. Occasionally she would shout and sing, or get into a furious passion, that rendered her almost unmanageable. No particular hallucination or delusion could be detected in her case. Her general health has not suffered; her appetite is tolerably good, but she sleeps little.

Let me draw your attention to the striking difference between the psychical condition characteristic of melancholia and that of acute mania. In the former there is a primary morbid state of the feelings which secondarily reacts on the intelligence; in the latter, the intelligence is primarily affected, and vitiates more or less all the other mental activities. The symptoms of acute mania obviously indicate a condition of excitement, but you must not hastily infer from this the existence of a cerebritis. There is a variety of acute mania, generally occurring in young persons, and marked by a short duration, in which the mental excitement is far more intense than in our patient. Systematic writers speak of it as an "acute delirious mania." It is not unfrequently diagnosed by the inexperienced as brain fever.

The prognosis of acute mania is not bad, but the opinion must be modified by a number of considerations. For instance, young persons are more apt to recover than elderly people; the presence of complications, delusions, or hallucinations, and especially a prolonged duration of the malady, lessen the chances of a cure. The hereditary predisposition in our patient is unmistakable—her family, on the father's side, being saturated with insanity--nevertheless, she promptly recovered from former attacks. In a certain proportion of cases of acute mania a cessation of the more acute symptoms takes place, and the residue of disordered intelligence takes on the character of fixed ideas, resembling that form of mental aberration which is simply termed mania. The latter constitutes a group of mental disease which alienists, whether correctly or not, have divided and subdivided into numerous species, sometimes on clinical and sometimes on supposed etiological differences. Great difficulty is experienced in managing persons affected with acute mania outside of an insane asylum. Among the most reputed medicines to procure sleep and allay the mental excitement of maniacs, chloral and the bromides take the foremost rank. The hypodermic injection of morphia is now much practiced in the treatment of these cases, on account of the easy mode in which the drug can be introduced in patients who usually resist the administration of internal medicines. Digitalis is an old remedy, and is often serviceable. Our patient has derived considerable benefit from its use, in doses of 20 drops, three times a day.

Medical Societies.

COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the regular meeting of the College, on March 5th, Dr. Addinell Hewson described a case of

Immense Abdominal Tumor,

the progress of its destruction, as shown by its history, post-mortem and microscopic examinations.

Miss H. S., a tall blonde, with blue eyes and brown hair, was induced by one of her friends in Philadelphia, who had been cured of an abdominal tumor of some size, under my care, to seek my services, in October last.

I saw her for the first time on Sunday morning, October 20, at a relation's house in this city. She was propped up in bed, suffering with much dyspnœa and exhaustion, and with her tumor so large and projecting on her thighs that she could not see her knees. The integument covering this growth in its lower portion (from the umbilicus down) was in a state of marked hypertrophy (like that of elephantiasis), and in singular contrast with the blue attenuated skin above the umbilicus; this hypertrophied skin was weeping freely a watery fluid, so constantly that it had been impossible to keep her dry, or to prevent excessive excoriation and itching; the distention of this portion of the skin had been such as to cause a hernial protrusion in each iliac region, and the whole projecting forward made it impossible for me to reach the vulva by the full length of my forearm. Her vulva was excessively œdematous.

The patient had no difficulty with either her bowels or bladder, save frequent micturition from the latter. The day that she came to Philadelphia she was weighed at the depot; this showed that she had gained in weight during the past six years fifty-eight pounds, in spite of the decrease in size of her limbs and chest, for she weighed just before the tumor began to grow 107 pounds, and now 165 pounds. Before starting on her journey she measured herself around, at the navel, and found her circumference there to be 54 inches. I made no attempt at a critical measurement or examination on my first visit (October 20th), but simply made a complete covering of the tumor with a paste of clay and water, one and a half pounds of the former to three-quarters of a pound of the latter, retaining it in the usual way with a thin layer of cotton batting. With this she expressed considerable satisfaction; she slept better that night than she had for a long time, and I found her the next morning, still propped up in bed, but very comfortable. When I removed the dressing, on account of its having

been much broken, as is usual at first in these cases, she complained of the want of the support it had afforded, and especially of a dragging sensation in front, from the ribs on the right side. Percussion yielded positive dullness up to that point, with very marked resonance above, on the left side, under the excessively expanded thorax; tracing this resonance on the left side, I could follow it down on that side of the tumor into the iliac fossa. I was also able in the same manner to detect the beginning of the colon, on the right side, but it was evidently much pushed up. The walls of the belly on either side fell over so much as to make it difficult to determine the points of the anterior superior spinous processes.

This examination evidently fatigued the patient, and I desisted from pushing it further. Its effect suggested to me to inquire of her mother as to her ever having suffered with symptoms of a hysterical character; to which, as I expected from her courageous conduct, I got a negative answer. This was satisfactory as to the location of the tumor. They further stated that she was wearing constantly a large sponge in the vagina, to prevent protrusion there. An examination of her urine, which had been saved by my direction, showed it to be free from albumen, but heavily loaded with phosphates.

I then renewed the dressing, using the same quantity of clay and water, the same covering of cotton wadding, and as a supporting bandage a four-inch roller around the waist, and a loop of the same breadth fastened to this waistband, well back in the lumbar region on both sides, after having been carried under the tumor close to the symphisis pubis. As the patient's appetite was good, and as there were no signs of indigestion, I allowed her freedom as to her diet, and ordered a slight use of stimulants.

On the next day (October 22d), I found her still more comfortable; had been less disturbed by micturition during the night, and was lying quite comfortably in bed, less propped up, and somewhat over on her right side. She seemed so much better that, after I had removed the dressing, I made a further examination, including deeper explorations by percussion, and a thorough series of measurements with a strong, broad, tape-measure.

On the 22d and 23d, the table, which I preserved, of her measurements, showed a most positive diminution, especially of those which related essentially to the tumor itself; thus, on the 23d she was found to measure 3 inches less around the umbilicus, 2 inches less from symphysis to umbilicus, 3½ inches less around the waist above the umbilicus, etc. (This table shows two omissions on the 23d; these were made by my scribe on the occasion—the mother of the patient—who was so delighted with the changes which had been produced that she omitted these while expressing her delight, and I did not know this fact until it was too late to remedy the omission.) The patient continued to improve in this way steadily, so that in two weeks all the major measurements had diminished, each about 4 inches (some of them 3½ and others 4¾). She was then walking about her room, sleeping comfortably on both sides, but preferably on the left, and even dressing herself with a silk dress which she had not before been able to make meet on her person for more than two years. She was confident of her complete recovery. During all this time she never took any anodynes or medicinal remedies, save what was necessary to move her bowels twice in the week, pills of rhubarb, aloes, etc.

On the 16th of November she ventured out in a street car, not going very far, however, the first time; this done her no harm, but, on the contrary, she measured less on the 18th than ever before. I was now visiting her at intervals of three or four days, her mother renewing the dressing, if required, in the *interim*. Her improvement continued steadily; she got to walking on the street, and I visited her about every four days, making, as the table shows, the same form of measurement, with not so great a decrease as was noticeable at first. During the Christmas holidays she walked over nine squares on Chestnut street, and became so exhausted as to be compelled to go into a store for rest. A day or two after she noticed some œdema in her right foot, with scanty urine; the latter was tested by me, and found free from albumen. She from this time grew weaker, notwithstanding the free use of stimulants and fluid nutriment, and finally sank from exhaustion, on Saturday, February 1st, at 12 P.M. The last measurements were taken at her own request, on January 27th, four days before her death. They showed no material increase of the growth, the little difference being readily assignable to her increased weakness. The autopsy showed fibroma of the uterus undergoing cystic degeneration. The tumor and fluid removed at the autopsy weighed 47½ pounds.

Editorial Department.

Periscope.

Cases Illustrating the Use of Koumiss.

Dr. Jas. Thompson briefly reports the following cases in the *British Medical Journal*:—

Case 1.—E. G., a lady, aged 45, bedridden for the last five years with an abdominal tumor, suffered much from sickness, retaining food with difficulty. She gradually wasted extremely. Koumiss was prescribed, a wineglassful every two hours. This was retained without discomfort, and for several days no other food was given; then small quantities of farinaceous food were added, and a marked improvement took place in her appearance, which continued to improve until she became better than she had been for years before.

Case 2.—S. S. S., aged 28, had phthisis of several years' duration, and was much reduced by copious hæmoptysis and hemorrhoids, bleeding freely. He derived the greatest benefit from a bottle of koumiss daily, and soon improved in weight, and is now more than twenty pounds heavier than he was before.

Case 3.—H. B., aged 22, suffers from severe dyspepsia, often dreading to eat anything. During this last term he was at Oxford college, where the food is often of an inferior description. In ten weeks he lost two stones in weight and was reduced to a skeleton. I advised the use of koumiss and a good digestible diet, and in ten days he increased seven pounds in weight; the improvement gradually increased, at the rate of four pounds a week, and at the same time great improvement in the dyspepsia. He continues to improve, and will soon be as well as before.

Case 4.—A. F., aged 23, was confined to the sofa by a spinal disease, and could not eat anything. Koumiss was prescribed some time since with great benefit, and her improvement was most marked; she almost lives on it, and if she miss a day she falls off appreciably in appearance.

On Aconite as a Therapeutical Agent.

The following remarks are taken from an article in the *Practitioner* by Dr. J. S. Spark:—

The first disease to which I shall direct your attention, in which I have seen illustrated the abortive power of aconite, is pneumonia, and if it were the only affection which aconite could not only control, but also cut short, its gravity is such that we should be warranted in giving the drug a prominent place in our pharmacopœia. If administered within a day or two after the symptoms are apparent enough to render the diagnosis certain—but, of course, the earlier the better—it will arrest the inflammation and effect a cure in from one to three or four days, the beneficial effects being manifest from the very commencement of its administration. The pain frequently begins to subside from the first, the skin becomes moist, the breathing more natural, and the patient appreciably better and more comfortable after each dose. I have used it frequently, both in children and adults, and have never seen it fail to produce most satisfactory results. The dose I have generally employed for an adult is five minims (Fleming's tincture) at first, and one or two minims every hour after, modifying the dose according to circumstances. If the patient be debilitated from any cause, it must be prescribed cautiously, as I have seen it cause considerable alarm by producing delirium; nor are the beneficial effects of the drug any more, if so much, seen when it acts too powerfully.

I have not had sufficient experience to speak positively of its action in bronchitis, but so far as I have seen, it does not appear to exercise the same control over it as over pneumonia. I have, however, found it useful when there is much feverishness, with fullness of the head and flushing of the face.

In cynanche tonsillaris I have found it exceedingly useful, both as an abortive and as a controlling or modifying agent. If properly administered during the inflammatory stage it will seldom fail to cut the attack short, and if given at the very beginning, to abort it. If duly administered, it not only cuts short the present attack, but after a time it seems to reduce or remove the liability to quinsy, in persons subject to periodical attacks of it. It would take a considerable deal of evidence to establish this last fact, but I have seen it sufficiently often to warrant my referring to it.

Its use in fevers, especially in those of an inflammatory character, has been found very advantageous. It reduces the temperature, and produces a very soothing effect from its action on the skin. Whether it will act as an abortive in such cases, or not, if given sufficiently early, I have not yet ascertained, but have every reason to believe it would.

There is no doubt of its efficacy in erysipelas, especially in that form which is occasionally consequent upon vaccination, which I have seen it cut short in a few hours.

We have no better illustration of the efficacy and rapidity of the action of aconite than in common cold, "cold all through one," or "cold in the bones," as it is variously popularly described, when one feels as if he had been put through a thrashing mill." Ringer (I think) states that one or two drops taken at bedtime will enable a person in such a state to rise quite well in the morning; and certainly in the doses I have mentioned it affords very speedy relief.

It relieves that disagreeable affection, ringing in the ears, in many cases after a dose or two, and is said also to remove earache.

In the acute stage of gonorrhœa, when there is much pain and uneasiness, it affords marked relief.

The Diagnosis of Vaccino Syphilis.

Dr. Hugh Thomson writes on this subject, in the *Medical Press and Circular*—

How is vaccino-syphilis to be recognized? What are the diagnostic marks? The description just given gives a fair idea of them. We are not to imagine every troublesome sore which follows vaccination is syphilitic. It would lead us too far away from our present subject to describe the various causes and characters of post-vaccinal affections, many of which are not due to the lymph used in vaccinating, but to the previous health of the individual vaccinated. The vaccination has only played the part of a common excitant in developing the phenomena in question.

The features presented by so-called vaccino-syphilis do not differ materially from those of syphilis inoculated in other manner, from the products of secondary symptoms. There is the same lengthened incubation ere the initial symptoms appear, the same variableness in the character of these, and followed, after a time, by the same secondary or constitutional symptoms, as they are called. Where it has been accurately observed, the period of incubation is found to be from three to four weeks, exactly the same as occurred in experiments performed with the view of testing the inoculability of the products of secondary symptoms on healthy subjects. About the

time that the crusts of vaccinia fall, that is, at the end of the third week, the cicatrix becomes irritable, slightly inflamed, and hardened. In most cases it becomes ulcerated, while in others it remains in the dry state, covered by a thin crust or scab, its size ranging from that of a pin to that of a shilling, upon a hardened base of variable extent, and of dusky hue. In some cases the vaccination sores appear to open afresh, or they have not quite healed, and remain in that condition for several weeks. They have even been known to become phagedenic—much, no doubt, depending on the previous health, as is also observed when syphilis occurs under other conditions.

The glands of the axilla usually at the same period become engorged and slightly painful, with little or no tendency to suppurate. After a few weeks more, the glands in other localities, especially about the occiput and groins, swell, and are accompanied by other indications of derangement of the general health—slight fever, syphilitic roseola, symmetrical ulcers in the throat, mucous patches and condylomata in the mouth and near the anus, syphilitic lepra, iritis, and all the various forms of secondary symptoms.

On Night Cough.

Dr. R. E. Thompson says, in the *Practitioner*—

There is a very persistent and harassing form of cough which accompanies many forms of pulmonary disease—phthisis, bronchitis, and others—which appears to be an undeveloped, modified form of asthma.

The patient complains of being much disturbed, at night especially, or early in the morning, and it is generally worse when the patient lies down and goes to bed. No narcotics in ordinary use for cough appear to have any effect, and it is only by asthmatic remedies that any relief is obtained. Many cases of this kind have now come under my notice which formerly used to trouble me not a little from the constant complaint that was made as to the distress arising from this obstinate night cough, and the ineffectual result of opiates. In all those cases of this kind which I have lately investigated, there was a decided history of inherited asthma; but it will be sufficient if I quote two cases out of the number.

A lady, who had been confined three weeks, consulted me about a very persistent and harassing cough which kept her awake through the night. For this various remedies had previously been tried, opiates chiefly, without the slightest alleviation. A year before this her younger sister had applied to me for advice for a fully developed asthma, which was treated successfully by asthmatic specifics. The remembrance of this gave a clue to the case, and investigation proved that asthma had been inherited from a grandparent, the father and mother of the patient having been perfectly free from pulmonary complaints. Relief was at once obtained by Joy's cigarettes, which are often extremely useful in like cases.

A young lad, aged nine, was brought to me for advice respecting a persistent cough with which he had been troubled since an attack of measles, eight months before. On examining him, I found a thickened condition of the alveolar tissue and harshness of respiratory murmur, which appeared to depend upon an old condition of broncho-pneumonia. I ordered him some cod-liver oil and lactuca for his cough, but finding that the cough was still very troublesome, especially at night, I conjectured that the case was one of undeveloped asthma, and on investigation I found that the grandfather had been subject to asthma. In this case the burning of nitre-papers removed the cough at once.

Late Suggestions on Ozæna.

Dr. Fränkel, in Virchow's *Archiv*, volume LXXXV, gives a number of cases which he thinks will confirm the views of those who believe that ozæna always owes its origin to a dyscrasia—two of his patients were phthisical, two syphilitic—but does not believe, though admitting the frequent coincidence of ozæna with pharyngitis sicca, that both the diseases are in causal connection with each other.

In an Italian contemporary, Dr. Massei, starting from the theory of a parasitic origin of ozæna, recommends the following treatment: *a.* Gradual dilatation of the obliterated nasal passages by means of elastic bougies; *b.* Cleaning and disinfection of the diseased regions by a very weak solution of salicylic acid (1 part to 500 parts of water), applied by means of a syringe; *c.* Modifying local medication, by blowing calomel powder through a nasal speculum on the ulcerated surfaces. The author says that there is always an arrest in the process of healing at a certain period, but advises strongly not to give up this treatment, but to continue it patiently until total cure is obtained.

In the *Memorabilien*, Dr. Dawosky describes his successful treatment of that form of ozæna called *punaisie* (in German, *stinknase*). He carefully removes all crusts, washes the mucous membrane with a two per cent. solution of silver nitrate, and every evening tampons the nostril with a plug of charpie as thick as the finger, moistened with glycerine and that thickly dusted with powdered alum. In the morning this is removed and the nostril washed with injections of permanganate of potash or zinc, in weak solution. The odor soon disappears, and by persistence a cure is effected.

Cold Water in Typhoid Fever.

Dr. Clement, of Lyons, employs a new apparatus for the cold water treatment of typhoid. The London *Medical Record* describes and remarks upon it as follows:—

It consists of a double-walled jacket of vulcanized caoutchouc, which is sufficiently long to cover the trunk, and sufficiently broad to allow of its enveloping the thorax and abdomen. It is provided with straps, to retain it in position. To prevent the weight of the body pressing the two walls together, India-rubber balls were fixed on the interior. Water was supplied to the jacket, from a tub at the bed head, by two pipes, and was drawn off by a single pipe into a tub placed at the bedside. The pipes were

furnished with stop cocks to regulate the rapidity of water. The temperature of the water was 18° or 20° C. The interval between the times of turning on the water was three hours, and it was kept running for 1½ to 2 hours, at such a rate, say to change the water in the jacket once in twenty minutes, as brought about a reduction of 1.5 to 2 C. Its application was not free from risk of chest complication, even though the patient was not directly wetted.

The value of a given plan of treatment is generally estimated by the result produced from the employment of that treatment. Dr. Clement says that his patients were admitted on the fourth or six day of illness, but we think he might alter four and six into eight and twelve. Our experience of cold water, quinine, etc., leads us to believe that if the so-called "antipyretics" are tried in the first fortnight of illness, the fever is probably beyond control, *i. e.*, the result obtained is not worth the trouble to the medical attendant or the suffering inflicted on the patient. In a disorder like enteric, in which the onset is generally uncertain, it is impossible to say, within a week, what is the date of the "disease," and in this way errors creep into statements made as to a particular plan of treatment. If Dr. Clement's patients were admitted on the fourth or sixth day, as he says, we should consider the epidemic severe, and the results good, even though three of the seven patients on whom this plan was tried did die. The moment the temperature shows signs of "marked remission or intermission," one can use with advantage almost any "antipyretic." Most systems for reduction of temperature are troublesome, from the amount of care called for in application, and can only be employed when assistants (*e.g.*, nurses) are perfectly trustworthy.

Treatment of Exhaustion from Sexual Connection.

In the *Practitioner*, March, 1879, Dr. F. P. Atkinson writes—

I have lately seen two cases which I think may be by no means uncommon. One patient came to me when the habit was already confirmed, and the result was, I am sorry to say, unsatisfactory. The other, before stimulants were regularly resorted to; and inasmuch as the treatment suggested gave decided benefit, that which would soon have grown into a habit was checked in its very commencement. Both patients were married men (one of moderate, the other of immoderate sexual desires); the symptoms in both were the same; and in both they were produced by the same cause. The chief symptom complained of was a sinking or feeling of void at the pit of the stomach, which they said nothing seemed to relieve but stimulants, and these very temporarily. At first, not thoroughly understanding the nature of the case which was presented to me, and thinking the cause was due to some ferment in the stomach, or sarcina, I ordered carbolic acid, hyposulphite of soda, and sulphurous acid, without the slightest relief being obtained from either. Finding, however, upon inquiry, that this feeling came on about three or four hours after connection, I judged that it might be the result of nervous exhaustion, and acting upon this supposition, I prescribed some pancreatic emulsion, some of Kirby's compound phosphorus pills, Bravais' dialysed iron, etc., but with only partial benefit. It subsequently struck me that feebleness of the heart's action (common to both patients) might possibly have some share in producing the symptom complained of, and I ordered forty to sixty drops of sal-volatile every four hours on the days when it occurred, together with large quantities of milk. The relief experienced from this treatment was very decided in the second case, and the reason of its being so is, I think, very clear. The milk and ammonia both supply food to the brain, and the latter is a good cardiac stimulant. From experience gained in these two cases, I should say that alcohol is decidedly injurious, and likely, if indulged in, to lead to serious results.

Digital Dilatation of the Os in Labor.

A paper on this subject was read at the London Obstetrical Society, by Dr. James Braithwaite. He commenced by calling attention to the frequency with which rigidity of the os uteri gives rise to exhaustion, before the real effort is required; also the occasional necessity for rapid dilatation of the os, in cases of puerperal convulsions and other abnormal states. In the mode of using the fingers as a dilator, which it was the object of the paper to explain, the right index finger is introduced within the os uteri, with its palmar surface toward the sacrum; the left index finger is then passed, with its palmar surface toward the pubes, the left hand crossing over the right for this purpose. By gentle pressure in opposite directions the os is readily made to dilate; the fingers being hooked within the os, the pressure is also made downward, thus very closely resembling the natural process. As soon as the os is dilated to the size of a five-shilling piece, two fingers of each hand can be introduced for manipulating. The author related the histories of four cases, in which he had by this method rapidly dilated the os to a size sufficient to enable him to apply the long forceps.

Treatment of Goitre.

The following instructive case is given by Dr. A. Shannon, in the *British Medical Journal*:—

John B., aged fifteen, railway clerk, suffered for several years from enlargement of the thyroid gland; but on December 23d, 1878, the symptoms became very much aggravated. Violent dyspnœa occurred frequently, and at night, for several weeks, was so severe that the patient was unable to go to bed or even lie down. His countenance expressed the greatest anxiety, his face was blanched and his lips livid, and, on inspiration, a loud musical note was produced. Owing to the tumor extending downward against and behind the top of the sternum, tracheotomy was considered almost impracticable, and any incisions to relieve the tension were also deemed inadvisable. A mixture of iodine and iodide of potassium had been given. Leeches were applied to the tumor, and it was also blistered.

Sulphuric ether, chloroform and other antispasmodics were tried, with but very slight effect. But it is to the great value of the inhalation of stramonium in this case that I wish particularly to direct your attention. A powder of the following formula was ordered, and a teaspoonful directed to be burned in the room when required: powdered stramonium, two drachms; nitrate of potash, one drachm; opium, one scruple. The use of this powder invariably gave the greatest relief, and although used frequently for more than a month, no diminution in the efficacy of the result was appreciable. I have often burned this powder myself, and always observed that, even before the teaspoonful was half consumed, the dyspnœa and loud musical note and lividity were greatly ameliorated. At present the tumor is diminishing in size and the patient is progressing favorably.

Retention and Incontinence of Urine in Children.

At a meeting of the Harveian Society, of London, Mr. Teevan made a communication on the above subjects. He would only look at each subject from its surgical aspects. Retention might be due (1) to congenital contraction of the meatus, which required surgical enlargement of the orifice; (2) to phimosis, where the preputial orifice might be very small; and (3) to stone in the bladder. It was more difficult to find a stone in the bladder distended with urine than when empty. Great care was requisite in sounding a child. Incontinence was due (1) to rectal complaints; (2) to a tight foreskin; (3) to a small congenital meatus; and (4) to a calculus impacted in the urethra. Causes 3 and 4 were usually not sufficiently attended to. Stone impacted in the urethra might cause retention or incontinence, according to its location. A stone so impacted did not cause so much pain and discomfort as might be imagined. He advocated a milk dietary and the use of belladonna in nocturnal, and strychnia and iron in diurnal, incontinence.

Reviews and Book Notices.

BOOK NOTICES.

On Diseases of the Abdomen, comprising those of the stomach, œsophagus, cæcum, intestines, and peritoneum. By S. O. Habershon, M.D., London, etc., with illustrations. Second American from the third English edition. Phila., H. C. Lea, 1879. 8vo, pp. 554.

The English edition, of which this is a reprint, has received the careful revision of the author, and several new chapters have been added. The spirit in which the author writes is an unusually broad one, and he takes pains, in all instances, to point out the general relations of the diseases he describes. He also includes several, such as typhoid fever and scrofula, whose manifestations usually implicate the stomach or bowels, although they do not originate in that tract. Inflammation of the peritoneum, ascites, and abdominal tumors are also subjects which the reader might not expect to find, but which are included.

Besides the accurate general descriptions of disease, the author draws largely on his clinical memoranda for illustrative cases. Of these, nearly two hundred are given in detail, and the pathology of the diseases is abundantly explained from the extensive museum at Guy's hospital, and other sources.

With the thorough revision which it has received, Dr. Habershon's work will doubtless continue to be regarded as one of the best monographs on abdominal diseases in our language.

Demonstrations of Anatomy; Being a Guide to the knowledge of the human body by dissection. By George Viner Ellis, Emeritus, Professor of Anatomy in University College, London. From the eighth English edition. Illustrated. Philadelphia, Henry C. Lea, 1879. 8vo, pp. 716.

The plan of this work is to teach anatomy by directing the attention of the student first to the superficial prominences of bone and muscle, and to the hollows that point out the situation of the subjacent vessels; next to the cutaneous structure, and to the different layers of muscles, with their appertaining vessels and nerves; and lastly, to the joints and ligaments. Thus, in the dissection of the arm the author considers in order the front of the arm, the back of the arm, the front of the forearm, the palm of the hand, the back of the forearm, and the ligaments of the shoulder, elbow, wrist and hand. Instead of beginning with "the bones," in the traditional manner, he plunges at once, in the first chapter, into a dissection of the head and neck.

The plan impresses us as one very well suited to teach the relations of anatomy to surgery, and hence well adapted to students who have already a certain acquaintance with anatomy: but to the beginner in the science, and to him who would study it for itself, the method adopted by Gray and others is preferable. The present work is rather a dissecting manual than a treatise on anatomy, though no doubt it is excellent of its kind. We cannot speak in praise of the illustrations; many of them compare unfavorably with those in most other recent anatomical treatises. They are certainly much inferior to the cuts in Gray, and other anatomical manuals which have appeared in recent years.

THE

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THE NEGLECT OF SANITARY PRECAUTIONS IN THE SOUTHERN CITIES.

On the threshold of a summer which promises to be more than usually filled with epidemics and rumors thereof, it is high time that the governing powers of States and cities carry out without delay those measures of sanitation which a long experience has proved to be of the greatest use in withstanding disease. It were worse than useless to spend this period in wrangling over theoretical points. Cleanliness, drainage, and disinfection, pure air and clean water, the destruction of adulterated foods, and the prevention of overcrowding, these are measures which Boards of Health should take in hand and carry through, regardless of the windy talk of theorists, and the obstructions thrown in their way by ignorance, false economy or obtuse conversatism.

So far as we have been able to learn, nothing of the kind has been done in the cities most afflicted last summer. Private letters and public statements concur in reporting New Orleans, Vicksburg, and Memphis in quite as deplorable sanitary condition as they were a year ago. The condition of the common cemetery in the first named city has recently been described as revolting beyond belief; the streets are dirty; and general negligence is obvious on all hands. The excuse there and elsewhere is "no funds." Having been prevented, by a decision of the Supreme Court, from cheating its creditors, the city finds itself compelled to meet the interest on its bonds. Hence, there is nothing left to protect the lives and business interests of the inhabitants! Change the name, and the story is the same of the other cities. Thus it is that fraud leads to destruction.

Can the medical profession of these cities and others similarly situated do nothing in this matter? Can they not unite in an appeal directly to the citizens, and by combining in a citizens' association, carry out sanitary regulations, in spite of the political complications? We see no other prospect of any successful effort being made.

Nor will any spasmodic attempt be sufficient. Sanitation does not mean a general sweeping up and clearing out once a year or once a month; but a steady, constant, unremitting application of the well known rules of cleanliness. temperance, purity in water, air, and food. A little is indeed better than none; but no efficient protection has ever been secured by desultory and irregular measures.

It is unfortunate that the innocent must suffer for the guilty; but such is the law of nature; and even the results of vice and neglect of duty have claims upon our sympathy: but certainly these cities have no right to expect any but a lukewarm response to their appeals, if they are again visited by the fever, unless now and henceforth they sedulously strive to protect themselves against it by observing the elementary teachings of sanitary doctrine.

MEDICINE AND MEDICAL MEN IN RUSSIA.

The condition of Russia, in a medical point of view, has been attracting the earnest attention of the rest of Europe since the close of the late war, and the outbreak of the plague and of malignant forms of typhus, and cholera, and

other epidemics in various districts. Thus, the Paris *Gazette Hebdomadaire*, of March 14th, observes that while the plague at Astrachan is exciting such widespread terror, diphtheria at the present time is causing still more terrible ravages, sweeping off nearly all the children of some of the villages of the rural districts; and the epidemic has prevailed in some of the districts in this manner since 1875, passing from village to village. In the district of Mirgorod, up to December, 1878, there had been 11,598 persons attacked, with 6224 deaths; or 12 per cent. of the population of the district, with 5½ per cent. deaths.

Apart from any authoritative announcement on the subject, it may be fairly assumed that the much-dreaded outbreak of the plague in Russian territory has come to an end. Recent intelligence confirms the assertion that the quarantine which had been strictly maintained around the suspected villages has been entirely removed, and that all excitement at St. Petersburg on the subject has come to an end.

In this connection, foreign journals inform us that the number of medical practitioners in the Russian empire in 1877 is stated to have been 13,098, of whom 2027 were doctors in medicine. In the course of the same year 500 students completed their studies.

The number of pharmacies existing in 1877 was 1621, or one pharmacy for every 49,350 inhabitants. In these pharmacies were dispensed during the year 9,319,655 prescriptions, the gross cost amounting to 7,033,361 roubles, or at the rate of 34 copecks per prescription. (A copeck is equivalent to about three-fourths of our cent.)

In Russia the ranks of the medical men are, to a great extent, filled by men of a low social standing, who, moreover, are usually servants of a despotic military power, and are by no means well educated. It is a peculiarity of that country that everything seems to be given a political bearing. When Prof. Botkin thought he had discovered a mild case of true plague in St. Petersburg, in February last, he was assailed in the bitterest terms, and almost accused of treason and nihilism. It seems that the nihilists would be delighted to have everything and everybody wiped out, and the Professor was supposed, in some mysterious way, to be furthering their designs by his diagnosis.

Notes and Comments.

Pathology of Tetanus.

In an essay on this subject in the *Transactions* of the Bristol Medico-Chirurgical Society, Dr. L. Fox states that he has found in autopsies of patients dying of tetanus (1) areas of cord softened, so as to be almost diffluent; (2) hemorrhage outside the spinal dura mater, and gummy-looking fluid beneath the arachnoid; (3) distention of the vessels and thickening of the membranes; (4) fissures in the posterior white columns; (5) softening of cord and many amyloid bodies in the gray matter; (6) creamy posterior columns, the softening seeming to be composed of colloid bodies. The colloid masses of which he speaks, and which do not take the carmine dye, are probably degenerated nuclei of the neuroglia. Dr. Fox believes that none of the lesions yet found can be considered as in any way causes of tetanus. It is more likely, he thinks, that the blood itself is in fault. In strychnine poisoning—a condition so analogous to tetanus—Dr. Harley has shown that the blood is incapable of absorbing oxygen in the usual proportion. The immediately fatal phenomena of many cases of tetanus seem to point to some such explanation. This abnormal blood imperfectly nourishes the cord, and either thus, or by its distinctly toxic effects, diminishes the resistive power of that organ—in other words, a cord so conditioned is abnormally impressible.

The Value of Nutritive Enemata.

A Parisian correspondent reports that a discussion took place at the Société de Thérapeutique, on the value of Nutrient Enemata. Basing his opinion on MM. Carville and Bochefontaine's experiments on dogs, which show that when food is introduced by the rectum only, in the form of bouillon, the animals survive no longer than when water alone is injected, M. Dujardin-Beaumetz maintains that feeding by the bowel is a delusion. If, as is no doubt the case, patients who receive nourishment by no other portal do live for a considerable time, this is no proof that the intestine absorbs what is intro-

duced. Hysterical subjects, and those suffering from cancer of the cardia, vomit all they swallow, and yet continue to exist notwithstanding. These views have met with much opposition; it was objected that what might be true of the dog did not necessarily follow in man; and most of the speakers who took part in the debate quoted cases tending to prove the efficiency of this way of feeding.

A Sign of Approaching Death.

An Italian physician, Dr. Chiappelli, states that he has frequently noticed in patients who were apparently very far from death an extraordinary opening of the eyelids, so as to give the eyes the appearance of protruding from the orbits, which was invariably a sign that death would occur within twenty-four hours. In some cases only one eye is wide open, while the other remains normal; here death will not follow quite so rapidly, but in about a week or so. It is easy to observe this phenomenon when the eyes are wide open; but when, as is generally the case, the eyes are half shut, and only opened from time to time, it will be found advisable to fix the patient's attention on some point or light, so as to make him open his eyes, when the phenomenon will be seen. The author is utterly at a loss to explain this symptom, and ascribes it to some diseased state of the sympathetic nerve.

Sunstroke Weather.

Dr. Fyffe, in the *Transactions* of the Bristol Medico-Chirurgical Society (vol. 1) has some observations on Sunstroke, which are valuable and practical. In his experience he has found that it was not upon bright days that cases of sunstroke generally occurred, but rather during cloudy, moist weather, with little movement of the air, even though the temperature was not so high—a circumstance which he believes explains the greater frequency of insolation on the continent of America than in the West Indian Islands.

Equine Virus for Vaccination.

Professor Chauveau, a distinguished European veterinarian, states, in the *Revue für Thierheilkunde*, No. 11, 1878, that he has obtained a pure and excellent lymph for inoculation by cultivating the virus on horses. He employs either sex and at any age, planting the virus on the nose, lips, belly or feet. He believes that the horse is better adapted for the propagation of the lymph than the heifer.

Vegetable Pepsin.

We have, on a previous occasion, called attention to the remarkable power of the juice of the *Carica papaya* as a digestive of animal tissue. In a recent number of the *British Medical Journal* we note a letter on the subject, from Dr. R. Neale. He says:—

"When in Batavia, I had constant opportunities of testing the value of the leaves, wrapped round chops and steaks during the cooking process, and can add my testimony to the exquisite tenderness thus imparted to the meat. For several years I have endeavored to induce my friends abroad to obtain me some of the dried juice, but the Batavian climate does not conduce to scientific research, and as the preparation of the dried juice is attended with some amount of trouble, I find it impossible to obtain a supply. The fruit itself is very wholesome, and is freely eaten as a dessert fruit; the Malays themselves swallowing the seeds also, when they wish to produce a purgative action.

Cutaneous Eruptions caused by Chloral.

In *La France Médical*, Dr. Mayer records five cases in which the administration of chloral in affections of various nature was followed by definite symptoms in uniform order. These came on after eating, beginning with redness of the face, excited action of the heart, and dyspnœa. The redness spreads to the neck; the palms, and sometimes the soles, being also affected. The eruption then appears on other parts of the body, and especially on the dorsal surface of the hands and wrists, the superior and anterior part of the thorax, the extensor surfaces of the knees and elbows, and the dorsum of the foot. It lasts from half an hour to a few hours, with itchiness of the part affected, and is followed the next day by slight desquamation. The spots are of a deep rose color, are sometimes slightly elevated, and have sometimes a sinuous border.

Is Intermittent Fever Hereditary?

This query is answered in the affirmative by Dr. Archambault, in the *Journal de Médecine*. He quotes a case where an infant of three months had enlarged spleen and other symptoms of the malarial cachexia. Its mother was healthy, but the father's constitution was saturated with malarial poison. This interesting question ought to be satisfactorily settled by physicians in this country, many of whom have extensive opportunities of studying miasmatic disease.

A Theory and Therapeusis for Chorea.

Dr. Hayden, in the Dublin *Journal of Medical Science*, suggests the theory that the choreic attack commences with vasomotor paresis, resulting from a profound emotional impression, and that the essential symptoms are due to defective polarity, or dynamic instability of the motor nerve tracts, both intracranial and spinal. On this hypothesis, the vascular congestion, central and peripheral, of the brain and cord, with occasional extravasation, and, in inveterate cases, cerebral sclerosis, noted by Dickinson, might be explained. The treatment of this disease with phosphorus and strychnia is strongly recommended, and a case quoted which, after resisting all treatment, and presenting the gravest symptoms, got well in fourteen days, under the use of five minims of "ethereal tincture of phosphorus," and three minims of liq. strych. every three hours.

The Cool Air and Water Treatment of Measles.

The *Allgemeine Med. Central Zeitung*, No. 29, 1879, contains an abstract of a long article by Dr. Kaczorowski, of Posen, on the discovery (!) made by him that cool air and sponging with cool water have no such disastrous effect in measles as old writers taught, but, on the contrary, relieve the distress of the disease and hasten recovery. This may be news in Poland, but we hope it is not in this country. Various able writers, among whom we signalize, for his earnest statements, Dr. Hiram Corson, have for years advocated it in this journal and in the *Transactions* of the Medical Society of this State. The old treatment of close rooms and warm drinks ought forever to be banished. They cause a more intractable form of disease, retard convalescence, and render the sequelæ more serious.

A New Method of Reducing a Retroflected Uterus.

Professor Schultze employs the following manipulation in the reduction of obstinate cases of retroflexion. The index and middle fingers of one hand are passed into the vagina; the middle finger is then passed into the retroflected uterus as far as the fundus; it is then bent back so as to reduce the flexion. The other hand, placed over the abdomen, takes note of any unevenness or adhesions on the peritoneal surface of the uterus. The uterine orifice is dilated with laminaria tents before the above manipulation is practiced.

Correspondence.

FOREIGN.

Sea Sickness.

Ed. Med. and Surg. Reporter:—

Our first day out, on April 1st, was a bright one, and the ocean waves were diminutive, even unto ripples, but in the night a heavy swell set in, with the effect of making almost all the passengers sick, but two appearing at breakfast.

After an experience of ten days, during which time only here and there I enjoyed a "lucid interval" from the woes of *mal de mer*, I can truly say no wretchedness is equal to that of sea sickness. There are many theories as to the cause of sea sickness. Wollaston suggested, sixty years ago, that the malady is due to the pressure of blood upon the brain. And it is well known that injury on pressure of the brain is almost invariably attended by vomiting, which is its earliest symptom. The sufferer from sea-sickness feels worst when the ship is descending. This is because the blood tends, by its inertia, to stay up when the brain is carried down, and the consequence is, crowding of blood into the vessels of the brain, and so pressing with increased force, producing a certain shock; this shock and the attendant pressure produce sickness and vomiting. In the case of sickness brought on by swinging, the nausea is most marked when descending forward, since the blood has then the greatest tendency to move from the feet toward the head. Upon this theory Sir James Alderson suggested the following treatment: "The first point is wholly to avoid the upright posture. Every one knows that it is a common practice to lie down, and this is done almost instinctively, but it is also known that to do so, though frequently successful, is not invariably so. The way in which the motion in a swing affects the brain affords the proper explanation why lying down is not invariably successful; and shows that it is necessary not only to take a recumbent position, but to lie in the right direction. A person lying down with the feet toward the bow of a ship is, while it descends in pitching, in the same position as a person in a swing descending forward, in which case we have seen that sickness is produced by blood being forced upon the brain. On the contrary, a person lying down with his head toward the bow is, during the descent of a ship, in the position of one descending backward in a swing, in which case the pressure by the blood will be toward the feet, and, therefore, relief rather than inconvenience will be experienced. It is highly desirable that this position should be assumed before the ship begins to move. There is a secondary advantage to be gained by closing the eyes, and so shutting out the confusion arising from the movement of surrounding objects."

My personal experience favors this plan. I would recommend its trial, provided that one does not sink into a chair at the very start with the full expectation—almost a determination—to be sick.

Treatment.—Dr. Rogers, our ship surgeon, says: "Sea sickness don't count," meaning by this that no drug treatment is used by him. He thinks the advice given by Prof. Parker, of New York, and Sir James Alderson, of England, good enough in certain stages and under certain restrictions; but he knows these plans are so easily overdone. He and the captain have actually carried patients from their rooms to the deck, to get fresh air and exercise. "Why," says he, "they would lie in their berths and rot." No air, no sunshine, no exercise, the blood leaves the surface, seeking the internal organs, the skin becoming cold, waxy, clammy, the muscles like wet rags. One must, as far as possible, resist, and try, by all means, to get on deck—crawl there, if necessary, but get where the air will refresh and alleviate the suffering. If feeling very badly, the reclining position may be sought after getting on deck. This is just where he thinks Prof. Parker's advice does harm—his followers go to bed, or recline in the state room. Whenever it is at all possible, Dr. Rogers advises the sick person to walk the deck, even if support is required to accomplish it. Thus, the blood is equably circulated, and the bad feelings are often driven off. I followed his advice myself, and feel certain that I should have been much worse if I had not kept on deck, and if I had not walked about, fighting my very best against the wretchedness. One of my worst days—a "black Friday," long to be remembered, it took me one and a half hours to dress myself, being compelled to lie down every few moments, while attempting to arrange my toilet. Finally, leaving undone about one half, leaving my gaiters unbuttoned, and hair uncombed, etc., I crawled on deck, then getting down in an easy quarter deck chair, head bow forward, letting the cool, moist wind fan my cheeks, and feverish head, I felt much better, and by evening could again walk the quarter deck.

It is my firm conviction that one can be preached into sea sickness; there is undoubtedly a nervous element in these cases. A child or a baby may sicken, it is true, but it occurs less frequently, and is sooner over. This is the common experience of the ship surgeons. Dr. Rogers says they are not "preached up" to the idea of being sick. Two children seated opposite to me at table were a continual mystery to us all. The richest foods, mixed with pies, cakes and nuts, eating between meals as well, were continually indulged in by them, and the boy complained only for a few hours of a little frontal headache.

Just a word in regard to eating on shipboard. The bill of fare on our first-class steamers compares favorably with that of first-class hotels, the food and cooking for the most part, being excellent. The sea air gives keenness to the appetite, and the danger is that one may be tempted to eat a little (or much) of everything on the list, making a good mixing up. The true way to do is, eat as much as you do at home. Don't let the "table d'hôte" lead you to indulgence. Eat faithfully, but do not mix too much.

C. C. V.

Dublin, Ireland, April 15th, 1879.

DOMESTIC.

The Pleuro-Pneumonia of Cattle.

Ed. Med. and Surg. Reporter:—

The disease called by veterinary surgeons "pleuro-pneumonia" has recently given rise to so much discussion, that a description of its true character will be opportune.

Bovine pleuro-pneumonia is *not* ordinary inflammation of the lungs; it is a *malignant fever*, introduced by contagion into the system of a healthy animal. This disease is different from all other known diseases of man or beast. It is of a subacute or chronic character. It consists essentially in a pulmonary interstitial exudation of lymph, one or both lungs being involved. This disease does not extend to other species; it *spreads only through contagion*. It is a *specific disease*, *peculiar* to cattle, slow and insidious.

The first, or incubative stage, lasts several weeks. In every country in which it has appeared it has caused great destruction, perhaps, greater, on the whole, than "rinderpest." As a rule, the disease is more rapid in its course as the animals are young, vigorous and in good condition. Those which are old, weak or sickly linger longer.

The duration of the malady varies according to the promptness with which the febrile symptoms supervene. Should these be late in appearing it may continue for several months.

This disease is *distinguished* from *ordinary* pneumonia by the insidiousness of its course; its incubative stage; its being *un*influenced to any notable extent by food, climate, exposure, bad hygiene, or modification of these; its not being affected by medical treatment; its great fatality; its *obvious contagiousness* and dissemination by movement of cattle, and its slow progress toward a fatal termination or imperfect recovery. The infecting principle of this disease is fixed and volatile, and exists in its greatest intensity in the air expired by a sick animal, and also in the lymph exudat. It is likewise present in the cutaneous emanations, and probably in the secretions and excretions, as well as in the blood. It is produced during the whole course of the malady, but is most abundant and virulent during the febrile stage. For a certain period after convalescence animals may transmit the affection. The contagium is also present for some time after death. The tenacity of the contagium does not appear to be well ascertained, but from the evidence at hand, it is very probable that it may retain its activity for several months—three to six months, if we are to credit good observers. Healthy cattle have been contaminated after being lodged in stables which were occupied by diseased ones three or four months previously. Hay soiled by sick animals has induced this disease after a longer period, and pasture grazed upon three months before has infected healthy stock. The flesh of diseased animals has also conveyed the malady.

We have no proof that any *other than bovine* animals will receive the infection of pleuro-pneumonia; breed does not afford any immunity,

neither does age nor sex, though, as in other contagious diseases all are not susceptible at a given time; often 20 per cent. escape. The incubatory period of this disease is variable; in the larger number of instances there is an interval of from three to six weeks, or two months, from the reception of the contagium to the primary manifestations of the affection. The *extension* of this lung plague is due to its *contagious properties.* Whenever it appears, it spreads in proportion to the opportunities for transmission, and its comparatively long period of incubation and duration renders its conveyance to immense distancees perfectly possible. In *winter*, when the cattle are confined to the stables, and but little communication with other herds takes place, this malady diminishes in severity, but in fine weather, when grazing commences, and different herds meet, if there is a diseased animal among them, it soon spreads; this *fact* is noticed every summer in Alexandria, Virginia, where the cattle are turned out on the commons together. A suspension of cattle traffic and movement in an infected country quickly reduces the number of attacks. *Calves* are often affected, and become carriers of the contagion. *I have seen* this fact several times proved in my practice, in England: about eighteen years ago, in Berkshire, I remember a large dairy of fine cows swept away by this disease, through buying one sick calf, and employing an ignorant "cow doctor," who did not believe in contagion or infection. *If this is true*, contagious pleuro-pneumonia is one of the most disastrous plagues that can afflict a cattle producing country.

The truth of this may be easily verified in the history and literature of the malady, particularly in England and Holland. When this disease appears in a herd, the most active measures should be adopted for its prompt extinction. Any person concealing the existence of the malady, and disposing of the infected animals, should be severely punished, and even compelled to make good the damage his dishonesty may cause; the diseased should be removed from the healthy, and the suspected also from the latter, the three classes being kept separate, and placed in quarantine. Scarcely any pains are too great to suppress such a plague, and when it appears on a farm, or in a locality, great sacrifices must be made to extinguish it on the spot, and prevent its spread; of course, the owners of the stock must be compensated for this great loss, for the public good.

Inoculation should only be practiced where there is the most *urgent necessity* for it; then it must be properly performed. The number of unsuccessful inoculations is about ten per cent. The *medical treatment* of this contagious disease is, in the majority of cases, unsatisfactory and unprofitable. When only one lung is involved (left to nature even) many of these will recover, but they will infect other cattle for a long time afterward. They ought to be fattened and killed as soon as possible.

Now, as to this disease existing in the State of Pennsylvania at the present time, I have made examinations of affected animals, both before and after death, in the counties of Philadelphia and Dauphin, and I declare the *disease there prevailing to be the same* which occasioned such great losses in England; and also the *same* which prevailed to a considerable extent in the vicinity of Brooklyn, N. Y., and Alexandria, Va., in all of which localities I have *personally examined* it, and made post-mortems.

Prof. Gamgee, in his excellent report, made nearly ten years ago, to the Department of Agriculture, at Washington, says that the first notice of the lung plague in the United States dates back to 1843, and is traced to a cow imported from Germany, and taken from shipboard into a Brooklyn cattle shed; from it the disease was communicated, and it is said and believed to have prevailed more or less in Kings Co., L. I., ever since.

In 1847, Mr. Thos. Richardson, N. J., imported some English stock; the disease was soon discovered among them, and he had slaughtered his whole stock, valued at $10,000, to prevent an extension of the plague. In 1850 a fresh supply of the lung plague poison reached Brooklyn, from England, in the system of an imported cow. In 1859 this disease was introduced into Massachusetts from Holland, by four cows, shipped at Rotterdam; one was killed, two died, and the fourth continued in a thriving condition. Several other animals were taken sick in rapid succession, and then it was that the idea was first advanced that the disease was identical with that known in Europe as *epizootic pleuro-pneumonia.* The disease was gaining ground rapidly, and the people of Massachusetts established a commission, for the purpose of exterminating it, as their report will show they succeeded. Prof. Gamgee also says this disease travels wherever sick animals are introduced, and that the great cattle rearing States of the West have been protected by the fact that they sell rather than buy or import "horned stock."

Prof. Law, of Cornell University, describes this disease as a specific contagious fever of cattle, with extensive exudations into the chest or lungs.

Mr. George Fleming, F.R.G.S., describes this pleuro-pneumonia of cattle as a specific and contagious disease peculiar to bovine animals.

Prof. Williams' definition does not vary; he says it is a contagious febrile disease peculiar to horned cattle, having an incubative period of from two to three weeks to as many months.

Prof. Liautard, of New York, says contagious pleuro-pneumonia has at last forced itself upon the attention of the American public. This dread danger has for years been lurking in our midst, gaining strength day by day, as it quickly spread from numerous foci of propagation, waiting only for the opportunity, which would some time come, to spread like wildfire throughout our land.

Dr. Tellor, of Philadelphia, says "pleuro-pneumonia in cattle is a contagious fever of cattle, accompanied by great prostration, together with local inflammation, and other diseased changes in the lungs and their envelopes. Cause—this, no doubt, is a specific blood poison."

I could go on, Mr. Editor, for a long time, giving you the views of many more men equally as learned, that this disease is *contagious* and *infectious*, and has no characteristics similar to

those that mark the disease known as pleuro-pneumonia in man.

JOHN W. GADSDEN, M.R.C.V.S.
Philadelphia. *Veterinary Surgeon.*

On Veratrum Viride.

ED. MED. AND SURG. REPORTER:—

It has been remarked that probably veratrum viride had never been given to a patient who would not have been as well off without it. I think that is correct. But whether correct or not, it is certainly very injudiciously used sometimes.

A few years since, in a case of great prostration and exhaustion from pneumonia, a counseling physician prescribed and administered a mixture of veratrum viride, gelsemium and aconite. He seemed to think it a very wise prescription, and to expect some miraculous effects from it, and was very much disappointed when, as a natural consequence, the patient sank with increased rapidity and soon all was over. I might cite other instances of the same character, but hoping that others will agitate this subject more, I will not do so now.

Mendon, Ill. W. SIGSBEE, M.D.

Tapeworm.

ED. MED. AND SURG. REPORTER:—

In your issue of March 22d, 1879, I notice a request for a "recipe for tapeworm," and as the following prescription proved most efficacious in the treatment of a patient who suffered for more than three years with tapeworm, I enclose it for the benefit of "D., of Pa."—

R.	Bark of pomegranate root,	℥ ss
	Pumpkin seed,	℥ ss
	Ethereal extract male fern,	℥ j
	Powdered ergot,	℥ ss
	" gum arabic,	℥ ij
	Croton oil,	gtt. ij.

The pomegranate root and pumpkin seed must be thoroughly bruised, and with the ergot boiled in eight ounces of water for fifteen minutes, then strained through a coarse cloth. The croton oil must be rubbed up with the gum arabic and ext. male fern, and then formed into an emulsion with the decoction. This is a prescription of A. J. Schafish, of Washington; he employs no preliminary provisions beyond forbidding the patient to take any breakfast the day on which it is intended to remove the worm, and giving a large dose of Rochelle salts the preceding night. No unpleasant effects follow this remedy.

Duncansley, Miss. R. J. TURNBULL, M.D.

Remedies for Hiccup.

ED. MED. AND SURG. REPORTER:—

In the REPORTER of March 15th, page 238, I notice the long-known simple remedies for hiccup, such as sugar saturated with vinegar, and looking fixedly on the blade of an open penknife.

There is also an old remedy, known for years in this part of the country, viz.: Swallow nine mouthfuls of cold water without taking breath. These remedies prove effectual in the ordinary hiccup; but there are cases requiring severer treatment. Permit me to mention one that resisted these mild methods.

H. B., after a debauch, took catarrhal fever, and on the approach of the second cold stage had hiccup, which resisted all the ordinary means, the paroxysm lasting twenty hours before I was called to see him. Being close by, I took no medicine with me, save a vial of chloroform. Finding him in so low a condition, I saw that without relief he could live only a short time. I gave him 30 drops of chloroform in a little water, which acted like a charm; after a few minutes' respite the hiccup returned, and I repeated the dose, with a little increase, say 40 drops, which effectually relieved all symptoms. An active cathartic next day set him all right.

R. C. GIM, M.D.
Near Pt. Harrelson, S. C.

NEWS AND MISCELLANY.

The Meetings at Atlanta.

We have received partial reports of the meetings, at Atlanta, of the American Medical Association, the Association of American Medical Colleges, etc., and in our next number will give full details.

The decision has been reached that a three years' course should be agreed upon by all colleges of the first class.

Medical Society of New Jersey.

The One Hundred and Thirteenth Annual Meeting of the Medical Society of New Jersey will be held in the Palisade House, Englewood Cliff, on Tuesday, the 27th inst., at 7.30 o'clock, and will continue in session the following day.

Steamers will be in readiness at Pier 34, on 24th Street, North River, New York, on Tuesday afternoon, to convey all physicians and their families who may wish to attend the meeting, free of charge.

Steamer "Idlewild" will leave at 3.30 o'clock, and "Chrystenah" at 4 o'clock, P.M.

WM. PIERSON, JR.,
Orange, May 1, 1879. *Secretary.*

Bulletin of Public Health.

The Bulletins for weeks ending April 19th and 26th report that in New York there was one death from smallpox, being the second from that cause during the present year.

The mortality at Philadelphia and Providence was materially increased, probably on account of the inclement weather prevailing.

Numerous cases of measles were reported at Pittsburgh.

In Baltimore there were 16 decedents of the average age of 79½ years; 38 per cent. of the deaths in that city were of children under 5 years of age.

The Savannah Board of Health report that "the city continues very healthy."

The Board of Health of Memphis report "pneumonia and malarial fevers prevalent."

The city physician of Vicksburg reports "health of city remarkably good"—11 deaths during past two weeks.

The bark Midas, from Rio de Janeiro, arrived at Boston April 18, and was placed under observation, and subjected to the usual sanitary measures at quarantine for a few days, most of the crew having been sick, and three having died at Rio de Janeiro and on the passage, from a disease reported by the captain to be yellow fever.

The commissioners appointed by the Governor of New York for securing the extermination of contagious pleuro-pneumonia, have prohibited the transportation of live cattle within the State, except by permission of the proper authorities; and the authorities of New Jersey having declared the eastern counties of that State to be infected with the disease, importations of cattle from thence into the State of New York have been prohibited, except for purposes of slaughter.

The Department of State has received information that the plague appears to have been extirpated within the district where it lately prevailed, and that the German Government have modified the quarantine regulations for Russian ships so far as to apply only to vessels coming from the Black Sea and the Sea of Azof.

The burning of sixty-seven of the infected houses condemned at Wetlyanka was completed during the past month.

The people of the district are resuming their usual pursuits of agriculture and fishing.

The U. S. Consul General at Constantinople reports, under date of April 4th, that the International Sanitary Council at Pera have decided to continue quarantine measures for the present. Sporadic cases of plague were reported at Kirzlan, a port on the Caspian Sea. The condition of Roumelli is reported as "very much improved." He invites attention to the danger from importation into the United States of carpets, rugs, and other woolen fabrics from Turkey. Many of them are old, and come from remote parts of Asia, Bokhara, Khoordistan, Afghanistan, and most frequently from Persia. "They are bought up by itinerant merchants, from individuals who have had them in use probably for years; * * * such an occasion as the death of one or all the members of the family causes the dispersion of their property, and among the rest their rugs and carpets. These articles are exported, not only by merchants, but also by travelers, who take them to the United States as luggage, and thus escape the sanitary examination to which they would be subjected as merchandise. * * * I have forbidden traders in carpets to bring their wares to my house, for I suspect that some of the mysterious cases of plague at points quite remote from the original places of infection may have been transmitted by some such agent."

Fluid Extracts of Wahoo Bark.

In reference to the statement made by Dr. J. R. Black in the REPORTER, page 335, col. 1, Messrs. Parke, Davis & Co. write us as follows:

"We would state that never since we have been in the business have we used one pound of the bark of the wahoo *tree*, for the preparation of the fluid extract or any other medicinal article. On the contrary, we use for this purpose a superior and selected article of the bark of the root.

"Furthermore, we use the full amount prescribed, of the root, and we thoroughly exhaust the drug of what the best authorities deem to be the medicinal principles thereof."

QUERIES AND REPLIES.

Dr. J. N. D., of Ill.—Dr. Binkerd's formula for burns is—

R.	Yellow wax,	℥j
	Linseed oil,	f.℥iij
	Tannic acid,	ʒj
	Subnitrate of bismuth,	℈j

Heat the wax, add the oil and stir; when cold, add the tannin, and lastly the bismuth.

Dr. L. D. B., of N. J.—A variety of mechanical means for the support of prolapsus recti have been suggested. The pad and T bandage is sufficient in most cases. A well-fitting rectal supporter or truss can be obtained without difficulty.

Dr. L. M. T., of Ill.—*Wright* on Headaches, $1.25; *Day* on Headaches, $2.00.

Dr. W. V. M. T., of Pa.—Meigs & Pepper, "Diseases of Children," $6.00.

Dr. M. A. W., of Pa.—We have read your comment, and we still maintain that *scarlet rash*, *scarlet fever* and *scarlatina* are all synonyms of one disease. Scarlet rash is *scarlatina benigna*, or *sine angina*. Wood's *Practice* is too antiquated an authority.

MARRIAGES.

CHEESMAN—HANNOLD.—In Swedesboro, N. J., April 10th 1879, by Rev. A. M. Lake, John P. Cheesman, M.D., of Camden, N. J., and Miss Sue B. Hannold, of Swedesboro, N. J.

PRICE—BLUNT.—In Hinds county, Miss., April 9th, by Rev. Robert Price, D.D., Dr. Thomas M. Price, son of the officiating minister, and Fannie E., daughter of the late Beverly Blunt, Esq.

RUDGERS—PHELPS.—On April 9th, at Pavilion, N. Y., by Rev. A. Plumley, Mr. Denton W. Rudgers, M.D., and Miss Ella M. Phelps, both of Pavilion.

YOUNG—DOW.—In Wilkesbarre, Pa., April 16th, by Rev. F. B. Hodge, Dr. H. Newton Young, of Milford, N. J., and R. Ella Dow, of Wilkesbarre.

DEATHS.

ARMOR—In Brooklyn, N. Y., on Friday, April 25th, Mary M., wife of S. G. Armor, M.D.

BAKER.—In Youngstown, N. Y. on April 23d, Hattie A., wife of Dr. F. J. Baker, aged 35 years.

EVANS.—On the morning of Second-day, the 21st ult., at his late residence, No. 702 Race street, Philadelphia, Charles Evans, M.D., in the 77th year of his age.

HOOPES.—In this city, on the 25th ult., Pascal J. Hoopes, M.D., in the 52d year of his age.

JEWETT.—In Norwich Town, Conn., April 3d, of heart disease, Dr. Charles Jewett, aged 72 years.

KNOWER.—In New York, on April 13th, Mary Ludlow Gray, wife of Benj. Knower, and daughter of Dr. John F. Gray.

TAYLOR.—In Cincinnati, Ohio, on April 7th, 1879, Dr. D. E. Taylor, aged 44 years and 9 months.

QUINN.—In Cincinnati, Ohio, April 13th, Maria Louisa Slevin, wife of Dr. J. J. Quinn.

THE

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Communications.

NEURASTHENIA.

A paper read before the Albany (N. Y.) Academy of Medicine, March 4th, 1879,

BY DR. W. O. STILLMAN.

(*Concluded from p.* 400.)

Languor and General or Local Weakness.—We now come to an altogether different class of symptoms, embracing the motor apparatus, the sensory department of the nervous system, and glandular organs. The preceding conditions which we have considered were entirely connected with the cerebrum and the exercise of the higher faculties; the present ones with the grosser animal functions. A sense of general fatigue is very common. At times it disappears. It comes and goes, like a will o' the wisp. At one moment feeling as though possessed of the strength of an athlete, at the next as weak and impatient as a babe in arms. This sense of sudden and profound exhaustion will come on without any premonition, seizing a patient when in the midst of the performance of his or her duties. I have known patients who were able to take walks of considerable extent at one hour, with no sense of fatigue being apparent, and at another could make no exertion without great effort. Sometimes there is a peculiar leg weakness; this is associated with certain forms of myelasthenia, and especially with that growing out of sexual indulgence. As a rule, the general strength is impaired, even in pure cases of cerebrasthenia, and markedly and invariably so in myelasthenia. Aside from the general sense of weariness and lassitude, a muscular trembling is very frequently present, and sometimes muscular spasm, although the last but rarely in my experience, and then confined to twitching of the orbicularis palpebrarum muscle. The trembling becomes apparent upon any unaccustomed exertion, or upon strong, or even slight, mental impressions being made. These phenomena connected with the muscles naturally arise from the diminished nervous force, and vary with the individual, the stage of the affection, and the more or less impairment of the functions of the cord. Again, the nerves of

Sensation are affected, and we have impressions of heat and cold, or, indeed, actual heat and cold present. Flashes of heat are met with occasionally in nervous asthenia. Localized spots of cold occur, which resist all efforts at warming, and remain cold, whatever the surrounding temperature. *Creeping* and *crawling* sensations, on or just beneath the skin, occur also. I met with a case of this nature, in which nothing afforded relief so completely and promptly as electricity, applied by means of the interrupted current. It would recur whenever any special drain had been made upon the nervous system, but always yielded, for the time at least, to the electric current. Sometimes it is itching on the arm, side, or any other portion of the body. Again, *ticklishness* is abnormally present. *Hyperæsthesia* and *anæsthesia*, local or general, are occasionally found. The former, in connection with flying neuralgias, is not at all uncommon. Neuralgia flitting from part to part constitutes a portion of the stock in trade of the neurasthenic patient, and may be expected to be met with. It will be in the arm, in the head, in the neck, or the toe, and no sooner is the foe vanquished in

one direction than it peeps out and develops itself in another. Poverty of nerve force, causing pain, has been suggested as an explanation of the rationale of what are known as growing pains in children. Coldness of the extremities is very common, as is also cerebral and spinal pain. Nervous irritation is so frequently linked in with neurasthenia that localized points of tenderness along the spine and on the head are met with in a large percentage of cases, indeed, in an astonishingly large ratio. This condition is vastly more common in modern society than is currently supposed, even in the profession. Cold increases the inconvenience felt from this affection, and labor, mental or physical, adds to the discomfort. Sometimes the head pain involves the whole head, but more frequently it is unilateral, and seems to have a decided predilection for the supra-orbital region, preferably the right side, in my experience. Shaking the head, or jar, usually make it worse. Beard mentions soreness of the gums, but I have not met it.

Nutrition, in these cases, is frequently good, and their robust, hearty appearance excites smiles of incredulity on the countenances of friends when any ailment in connection with them is mentioned. I have known them to gain steadily in weight, even when in the very midst of the slough of despond, and at their worst. Quite as frequently, however, they are in but indifferent condition, and are troubled with a nervous dyspepsia, which, like Oliver Twist, constantly cries for more food, and yet, when that is secured, it only adds to their misery. The wants of their system demand supply, but the weak stomach is inadequate to its duty. Meals frequent, and small in quantity, best meet the requirements of the case. Flatulence and oxaluria are also met with. The latter I am familiar with in but one case in this connection. A case of the former was under my observation for some time, in which it existed to a very annoying degree; so much so as to necessitate the individual leaving the room to relieve himself. It finally disappeared under treatment.

Redness of the face, and irritable eye also occur. The redness is nearly always synchronous with the development of an attack of depression, and sometimes precedes it. The eyes will become injected and painful, and the redness frequently intense. There may be a tendency here to confound the relation of the hyperæmia to the nervous state. It would seem that hyperæmia and anæmia must cease to be regarded as a cause in disease. Many times when the diagnosis of hyperæmia or anæmia, especially local, has been made, the practitioner rests confident that he has reached the root of the matter. But I think the opinion is gaining ground that it is a result, not a cause—a symptom, not a disease; that it is secondary to preceding conditions which have their origin in the nervous system. This view is maintained by Erb and Vulpian, and many of the best neurologists of the day. When, therefore, this hyperæmia of the cutaneous vessels of the face and eye exists, predicating a similar condition in the capillaries of the brain, it would seem that it is a mistake to assume that afflux of blood is a cause of the depression, but that it is necessary rather to go further back and examine into preceding psychical and neurotic conditions.

Even when the face did not show the congestion, the conjunctiva, the more delicate indicator of vascular states in the head, would be strongly hyperæmic. This has led to the form of the affection known as irritable eye. I have met with some marked cases illustrating this feature. The eye would cause much pain and annoyance, and though local measures would control it, it would only disappear finally as the nervous condition improved. Photophobia and diplopia are also met with, the former not infrequently. Muscæ volitantes are common; as they are to any form of nervous debility or optic overwork.

Sounds in the ears frequently occur, especially of a roaring character; also abnormalities of taste and odor. There is now a case under observation at the Institute, who for several weeks complained of a most intolerable taste in her mouth, which disappeared under electrical treatment. The

Secretions are frequently at fault or affected, in this disease; such as those of the lachrymal and salivary glands; the sudoriferous follicles; the intestines and testes. Tears may be induced by the melancholy which seizes upon the patient, but many times they flow without their knowing why. Quite copious lachrymation occurred in two of the cases, male patients, referred to before. The salivary gland is more or less affected in the case of the lady recently mentioned, in connection with abnormalities of taste. The bowels are seldom affected, except in myelasthenia. I have one case of that nature now under observation. In concluding the history of symptoms, reference should be made to

Spermatorrhœa; an important feature in many cases of neurasthenia. Affections of the genitals may occur in the relation of cause or effect. Thus, impotence not infrequently results from nervous debility; and nervous debility occurs from too frequent emissions. The impotence may

be caused by suppression of the secretion of sperm, due to deficient nervous force modifying the activity of the glandular tissue of the testes, or to loss of desire. In either case it will usually disappear upon the recovery of health, without the employment of local or special measures. But more commonly it appears in the relation of a cause, and constitutes what the Germans call "an irritable weakness" of the organs of generation. There is great desire, with little ability for gratification. The emission is inclined to be premature, and often followed by great prostration. The general system is much weakened, and the myelasthenic type of the disease more likely to predominate over the cerebrasthenic. Weakness of the back, and a loss of muscular tone in the limbs and trunk are then found. This prevails to a large degree throughout society, and is altogether too common for the good of humanity. I believe it is the general opinion of observers that masturbation does not produce this disease nearly as frequently as sexual connection; that it is found most commonly in illegitimate commerce and the early months of marriage. Then, moderation and time will usually restore the lost health, and allow the evil effects to disappear. Unconscious nocturnal emissions are productive of a good deal of mischief in many cases. They will occur in excessive quantities, several times a week, rendering the patient weak and pale, and dejected. When genital affections appear as a cause, the recovery is likely to be obstinate, and it is not nearly so favorable as when they come secondarily.

In concluding a review of the symptoms, I feel compelled to remark upon the great rapidity with which they may interchange one for another. Unlike organic affections, they are not local or permanent in their nature, but come and go, like clouds in summer. A patient may ring the changes on three-fourths of the possible symptoms in twenty-four hours, and introduce several novel, gratuitious phenomena for which you are not prepared. No sooner is one series of troubles subjugated than a whole crop of others spring up. Like Pandora's box, the lid once off, there is no end of possible embarrassments.

The *course*, *duration* and *termination* or sequelæ, demand a brief attention, and may be quickly summarized. Its approach is usually insidious. There may be weeks and months of sleeplessness by night and worry by day, and fits of depression gradually increasing in severity, in duration and frequency. The other symptoms enumerated gradually make their appearance, and at last we have a fully developed case of neurasthenia before us. There may be periods of cessation of symptoms during its incipiency, or of temporary improvement after full development has been reached, but the individual does not realize the danger in whose presence he walks, or if he has been warned, neglects the signal or is pressed irresistibly on by force of circumstances. Too many cases give this history. Another method by which it makes its advent is by a sudden entree. Some great mental or physical shock prostrates the patient; it may be grief, it may be some other violent emotion, or it may be excessive exertion; and then there is a rapid development of all the symptoms. It takes a long time to recover from these bankrupt, nervous states; the capital is almost gone; only sufficient is left to make life miserable, many times, and not enough to start anew. It may be for years, and it may be while life endures. Some slowly recover after the lapse of a few months; others take years; but an incurable debility frequently hangs around them the remainder of their days. Under judicious treatment, however, they often greatly improve, and nearly all the symptoms may be ameliorated. Business men, as well as professional ones, after a few months' treatment, frequently resume their avocations, not what they were before, perhaps, for that is a work of time, but materially benefited. Relapses occur; this is a disease, unfortunately, which does not ensure security against a second attack. Among the sequelæ may be mentioned derangement, associated with hypochondria. The weakness of the system favors the development of diseases to which the person may be predisposed. Suicide occurs, and a tendency to desire stimulants is very common. This, together with the opium, chloral, cannabis indica and chloroform habit, needs to be very carefully guarded against. I have met with some distressing cases of this class.

Pathology.—The pathology of neurasthenia, if there be any, has received little or no attention. It is undoubtedly a functional derangement, and affections of that class are at present enveloped in a good deal of obscurity. Erb, who has written upon it, ventures to say but little, and seems to incline favorably to the suggestion of a condition of anæmia. My experience, which embraces quite a large number of cases, does not support this hypothesis, and as before remarked, I think it our duty to go further back, and not confound the symptom with the disease. A rational explanation appears to be that it is a debility affecting the nerve cells; that there is a deficiency in vigor in the gray matter of the brain and cord.

This cell debility arises, as is frequently the case elsewhere, from functional overwork, which weakens and enfeebles cell life, thereby interfering with the power of assimilation and nutrition, and, as a consequence, with capability of performing physiological duty. Hence, the condition and symptoms found in neurasthenia. Just as overdrain upon physical strength may shatter and permanently weaken the muscular system, so great draughts upon nervous energy may produce a similar result in the nervous system. Whether this functional affection may change to an organic disease does not here require discussion. There may be coincident conditions of hyperæmia and anæmia, but I think it has been found that they disappear upon treatment being directed to the nervous system, particularly nerve foods. Certainly local variations in circulation are subservient to nerve control, as has been repeatedly demonstrated by ample experiment. We have now reached a point at which diagnosis may be taken up.

Diagnosis becomes comparatively easy. It requires a consideration of the history of the case, in connection with the symptoms enumerated, and a differentiation from a few affections with which it may possibly be confounded. The condition which immediately excites attention is the vast disproportion between the subjective and objective signs. Thus, it may usually be distinguished from commencing tabes, active hyperæmia, incipient inflammations and irritation, and organic affections of the cerebro-spinal system generally, by the absence of the appropriate objective signs which are characteristic of these affections, and by the prolonged or chronic type of this malady. Also from the fact that the subjective symptoms of neurasthenia are more transient and fluctuating than those pertaining to organic diseases. It must also be distinguished from general anæmia and hysteria. It is not necessarily connected with anæmia, and very frequently is not; less mental depression is associated with anæmia; it also yields readily to iron, whereas neurasthenia does not. Anæmia is more common to females, and occurs in connection with a history of indoor confinement and bad nutrition. The other with great intellectual labor and worry, or emotional or sexual exhaustion. In hysteria, there is found the globus hystericus, ovarian tenderness, local or general anæsthesia, particularly of the epiglottis, and a non-balanced mind without the usual history, and more acute symptoms generally. Some of the after effects of sunstroke bear some resemblance to neurasthenic symptoms. In neurasthenia, a due regard must be paid to temperament and family history, and the fact that certain of the just mentioned maladies may be combined, and inextricably mixed up with it. As far as differential diagnosis itself is concerned, perhaps enough has been said. It remains to speak of the two divisions made of neurasthenia, into cerebrasthenia and myelasthenia. The division is important, especially as regards hygiene and treatment. Dr. G. M. Beard has given a very succint description of the symptoms peculiar to each (as reported in the *Medical Record*, No. 433), which I can do no better than to quote. He says, in regard to

Cerebrasthenia: "The symptoms of exhaustion of the brain are, tenderness of the scalp; a feeling of fullness in the ears and head; vertigo; tenderness of the gums; fluctuating disorders of the special senses, such as a morbid, subjective smell, noises in the ears, flashes of light before the eyes, muscæ volitantes; morbid desire for stimulants and narcotics; deficient thirst; gaping, yawning; congestion of the conjunctiva; tendency to shed tears; mental depression; impairment of memory and intellectual control.

"*Myelasthenia:* The symptoms which suggest myelasthenia or spinal exhaustion are, local spasms of muscles; local chills and flashes of heat; shooting pains in the limbs; startings and jerkings on falling to sleep; morbid sensations at the bottoms of the feet, as burning or tenderness, vague pains in the feet, podalgia; sexual debility in its various phases; pains in the back, any part of it, from the nape of the neck to the tip of the coccyx, with or without the accompaniment of spinal irritation; creeping and crawling sensations up and down the spine; incontinence of urine; paresis of the bladder; feeling of pressure in the chest, with or without ticklishness of that region; heaviness and stiffness of the muscles, simulating rheumatism; great sensitiveness to cold and changes in the weather; hyperæsthesia of mucous membranes, as of the throat, urethra, or larynx; morbid dryness of the skin, or morbid perspiration; dryness of the joints and dilated pupils. There are certain other symptoms, such as nervous dyspepsia; constipation, flatulence, sick headache, in all its phases, numbness, hyperæsthesia, insomnia, which manifest themselves both in connection with cerebrasthenia, or brain exhaustion, and myelasthenia or spinal exhaustion." It will be observed that he mentions several symptoms which I have not enumerated. I did not, for the reason that some of them I had not met with, and others were inconsequential, possessing no special significance. On the whole,

my observations confirm his as regards the manifestations peculiar to this disease. The

Prognosis, as has been intimated in the remarks on course, duration and termination, is not of the most favorable nature, commonly. It depends upon the degree of severity to which the disease is advanced, upon the wreck that has been made in the nervous system. At the best, it will take considerable time to get the system in a condition approximating the normal. The effects of the attack may linger for years, and perhaps, through life. It also depends largely upon the temperament of the individual, his environment, and the means adopted for his or her recovery. And this brings us to regard the treatment; the last and most important feature for us to consider.

Treatment may be divided under two general heads, both important ones: hygienic, including a very broad ground, and medicinal. Correct hygiene is very necessary, and includes diet, sleep, exercise, social life, environment, rest and bathing. The diet should be generous and varied, for it is desirable to cultivate the physical health, both that it may not be a burden to the impoverished nervous system, but rather a means of regulating the same and raising its lowered tone. It is especially desirable that the diet should embrace the phosphates, including fish, fats, etc., and that it should be easily digestible. The stomach and alimentary canal have shared in the universal debility, and regard must be paid to their idiosyncrasies and weakness. In order that appetite and physique may be encouraged, open air life and exercise are invaluable. Climate must be considered, and both mountain air and sea coast are superior, in many respects, to that ordinarily experienced. At this point, the distinction between cerebrasthenia and myelasthenia must be considered. In the former, physical exercise is usually of much benefit, and may be practiced without detriment, but in the latter it is often well nigh impossible and disastrous. In both, open, fresh air is desirable, and in severe forms of myelasthenia it may be best merely to sit in the outdoor air, and in that way get as much as possible. Or, perhaps, riding may be indulged in discriminatingly. Open air exercise should never be practiced to the point of positive fatigue or exhaustion. In moderation it strengthens the body and limbs, improves the appetite and helps digestion, promotes better blood, by assisting metamorphosis and elimination, and best of all, exercises a healthful influence upon the brain and intellect. In some cases absolute rest may be desirable, but in all, good sleep is imperative. Sound, natural sleep is the best medicine for the morbid, nervous system in the world. Early and regular hours for retiring should be observed, and a cool, airy, well-ventilated apartment for sleeping purposes secured. A change in scene and surroundings from time to time is salutary, and the social atmosphere should not be neglected. It is of the highest importance what the domestic and social life may be. Light, cheerful and joyful surroundings will pull a man out of the slough of despond in spite of himself. And it is noticeable that during these hard times the comedies are all the run, and amusement is at a premium. Nothing is so popular as a laugh. Amusements, to succeed, must avoid the tragic and seek the comic; the farce is most patronized of all. The lyceum calls for comic, and even the pulpit prospers most that wedges in the jest. * * * In Paris, during the reign of terror, the comedies drew great crowds. So much for the social environment. Relief from care and responsibility is necessary, and stimulation or gratification of the sexual appetite should be strictly avoided.

In connection with exercise and gymnastics come baths. The Germans recommend them in various forms, particularly the sea baths and sponging. It has been my experience that great good has resulted from the warm baths, particularly when combined with electricity. Erb, vide Ziemssen, recommends sitz baths, and I have seen valuable results, especially in insomnia, where sleep has been procured, which had resisted electricity and strong medication. It also assists in warming up the extremities, quieting the brain and tranquillizing the system. The salt baths are stimulating and protective against cold. Turkish and Russian baths are useful from their alterative action and stimulation of the functions of the skin, and I know of nothing which will break up a cold quicker, not even quinine, than a Russian bath. Some authorities condemn cold, but I must say that I have seen good results from the cold spray and douche, directed against the spine, in rousing up the dormant energies of the nervous system. Massage and shampooing is beneficial; both are good for the circulation, and to a certain extent take the place of mild exercise. Massage, combined with faradic electricity, I have seen work out excellent results in the constipation of myelasthenia. Counter-irritation, such as blisters and capsicum plasters, are also occasionally necessary. And in the spermatorrhœa forms of the disease, the cooling catheter or passage of

the sound are extremely valuable and almost indispensable.

Medication, strictly so called, is not so useful in my experience in this affection, as substances which more properly come under the head of foods. Thus some of the best results have come from the phosphates. The malt and cod-liver oil have done well. Malt, in combination with phosphates of iron, quinia and strychnia has seemed a valuable preparation. Of the phosphatic preparations, Prof. Horsford's Acid Phosphate has rather claimed the palm, although Crosby's Vitalized Phosphate, and a pill of phosphorus and nux vomica, manufactured by Schieffelin, have been very useful. Phosphoric acid, dilute, has also been used. Under the head of medicines strictly, the bromides have, with me, been the most prominent. A combination of the bromide of potash with Fowler's solution and tincture of nux vomica has been very useful. As a sedative direct, the bromides appear to be without an equal in this affection, and I have seen excellent results from the use of the bromides of potash, soda, ammonium, lithium and camphor. The latter especially in the headaches associated with a low state of the nervous system. Next to the bromides, strychnia seems to hold the leading position in the estimate of the profession. In the form of nux vomica I have seen it used much, but always in combination. The Germans speak very highly of iron and quinine, and little of anything else. The indications seem to point to sedative as well as tonic measures. In tonic treatment, quinia has rather taken the precedence. Gross' pill, without the morphia, has met other indications and proved useful; also well known preparations of bark. To meet certain manifestations, preparations of caffeine, cocoa and guarana have been used. Beard speaks of calabar bean and zinc, but I have had no experience with them, except with the latter, with little result. Alcohol is comparatively little used. As a hypnotic in the insomnia of neurasthenia, opium has little value, and I have seen the best effects from a combination of the bromides and chloral. The various symptoms must be met as they appear, and receive their appropriate treatment.

In conclusion, I will speak of *Electricity*. I have seen much of its use, both of the galvanic and faradic currents. The galvanic I have usually applied, in either the central or general methods, such as are recognized by specialists and electricians, or locally for the relief of neuralgias, the trembling, and crawling, and itching, and other symptoms found in neurasthenia. It has yielded excellent results, both as a tonic and sedative, and has relieved some severe cases of insomnia. The faradic current, in connection with the thermal bath, is one of the best tonic and stimulant means with which I have met. Its effects have been marvelous in certain cases, and it seldom fails to yield satisfactory results. Occasionally there have been cases which possessed an idiosyncrasy contraindicating the use of electricity, but they are few and far between, and when met with other measures have to be resorted to.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF PROF. T. GAILLARD THOMAS, M.D.

REPORTED BY P. BRYNBERG PORTER, M.D.

Case 1.—Adeno-Sarcoma of the Ovary Removed by Laparatomy.

GENTLEMEN:—You all doubtless remember the case of the patient with an abdominal tumor, who came before us two weeks ago to-day, accompanied by her two physicians, and who was afterward to be sent to the Woman's Hospital for operation. She had been ill, as you will recall, for three weeks, and during the last year had been failing rapidly; so that she appeared so weak that it seemed probable that she could not last much longer unless something was done for her relief. Consequently, I advised an operation, and on Saturday last (six days ago), I performed it at the hospital.

The patient having been anæsthetized and lying upon her back, a very long incision was made through the abdominal walls, extending almost from the umbilicus to the symphysis pubis. As soon as the peritoneal cavity was reached, I perceived that it contained a large quantity of clear, straw-colored fluid; and this having been removed, I found the tumor, which was so large that, notwithstanding the length of the abdominal incision, I was obliged to increase the size of the latter still further with the scissors, in order that it might be extracted. It was a solid mass, and on attempting to lift it up, I ascertained that three loops of intestine were, unfortunately, attached to it. I did not dare to attempt to pull off the intestine by tearing the adhesions binding it, for fear of meeting with an accident which has not infrequently happened under similar circumstances while ovariotomy was being performed, and which almost necessarily gives rise to fatal peritonitis, viz.: causing an opening into the intestine. When this does occur, the only chance at all of saving the patient's life is to make an artificial anus, if the orifice is sufficiently large, and fasten the intestines to the edges of the latter; but such an anus is sure to render the patient miserable ever afterward, and in my opinion it is a little worse than death itself.

I therefore adopted a procedure in regard to the loops of intestine which I am in the habit of resorting to under similar circumstances, when performing the ordinary operation of ovariotomy. As the adhesions between the intestine and the tumor were very firm, instead of attempting to separate them, I simply cut off a small portion of the tumor with the knife, and allowed it to remain connected with the intestine, and then fastened this piece of the tumor between the lips of the external wound. By thus allowing the piece to remain, I avoided the risk of peritonitis, which, as I said, would have been almost certain to follow the attempt to pull off the intestine from the tumor; and by securing it between the lips of the wound I avoided the risk of septicæmia from putrefaction, which would undoubtedly have resulted had it been allowed to remain in the abdominal cavity. By this means, whatever effusive discharge might occur, would be poured, not into the latter, but outside of the body, and would consequently be innocuous. As the tumor was possessed of a pedicle, this was secured by means of a clamp, and the abdominal wound was then closed with sutures.

Before going on with the history of the patient after the operation, I will first speak to you of the tumor itself, which I now present to you for inspection. When first removed, nearly a week ago, it was fully of the size of an adult head; although, owing to the action of the strong alcohol in which it has been preserved, it is now perhaps one-third smaller than it was then. It was also quite vascular, and the drainage from it has likewise tended to reduce its dimensions. On the lower surface of the mass I discovered a cyst of some little size, which was, of course, unappreciable before the removal of the tumor, on account of its position. With this exception, the tumor was perfectly solid.

When the patient was before you at the clinic, a fortnight ago, I told you that I was of the opinion that it was a uterine fibroid, with a long pedicle, and gave you my reasons for supposing it to be of this nature. In the first place, as I said, ovarian fibroids, and, indeed, solid tumors of the ovary of all kinds, are exceedingly rare; and as this was evidently a solid tumor, the great probability was that it was connected with the uterus. It was, however, one of those very rare exceptions to the general rule: so that when I got my hands into the abdominal cavity, I discovered that the tumor was in reality the left ovary. I had, of course, made an error of diagnosis; but if twenty similar cases were presented to me I should certainly make the same diagnosis again: simply because a tumor of the ovary such as this is so exceptionally rare. I have now performed ovariotomy considerably over one hundred times, and yet this is the very first case that I have ever met with in my operations, and only the second case that I have ever seen at all. The other case was one in which I made the diagnosis of solid tumor of the ovary, and when it was afterward removed by Dr. Atlee the diagnosis was confirmed. Dr. Peaslee, in his work, as I before mentioned, was able to cite only two instances as having occurred in this city; one a case of Dr. Van Buren's, and the other a case of mine. In the latter, however, there was good reason to suppose afterward that the tumor was really uterine, and not ovarian at all.

This, then, you will understand, is an extremely rare case. The tumor is not a pure fibroid in its nature, but is of the character of what is known as adeno-sarcoma. It has been at least three years in growth, and is a striking instance of that interesting condition, which is, as I say, so exceedingly uncommon.

Now, with regard to the patient. For the first forty-eight hours she did perfectly well, and this, I must confess, was somewhat of a surprise to me; for, on account of the intestinal complication and the patient's very weak condition, I apprehended the most serious results. At the end of the forty-eight hours, however, it was noticed that the temperature was as high as 100 to 100½, and that the pulse ranged from 100 to 110. From that time the temperature went steadily up. By the first hour later it had reached 101½ degrees; by the second, 102; by the third, 102½; by the fourth, 103; and by the fifth hour, 103⅓. Although any one who has had much experience in ovariotomy and other similar operations can never feel very sure about anything in regard to the subsequent condition of the patient, I was then quite certain that this woman was going to die. She was seen by a number of experienced surgeons connected with the Woman's Hospital, and we all believed that she was about to have peritonitis, that during the night the temperature would run up to 106, and the pulse to 160, and that the next morning she would be dead.

For some time past it has been my practice to have all patients upon whom I perform ovariotomy placed on Kibbee's fever cot immediately after the operation, so that we may be at once prepared in case alarming symptoms begin to develop. So in this instance no time was lost in making cold affusions. The body having been stripped from the axillæ to the hips, some mosquito netting was wrapped around the trunk, and a rubber cloth placed over the chest, in order to avoid any pulmonary complication. In this case this precaution was especially important, because one of the patient's lungs was completely consolidated. Water at the temperature of 75° was then poured steadily, for ten minutes, upon the mosquito netting enveloping the body, and when at the end of that time a thermometer was placed in the water (which, by means of the rubber trough beneath the cot, had been emptied into the tub at its foot), its temperature was found to be 83°. The additional heat had all been derived from the patient's body.

Word was left that the affusions should be repeated every hour during the night, and next morning it was gratifying to note that the temperature had gone down to 99½, and that the pulse was only 110.

What other measures could have accomplished such a result as this? In my opinion, nothing else whatever that is known to science. I am quite aware that some of those present are ready to tell me that large doses of quinine, salicylic acid, or other so-called apyretic, would have done the same. But I must respectfully beg leave to differ; for I have tried all such agents over and over again, and found them to utterly

fail me. They have been weighed in the balance and found wanting. I do not forget the old saying, that "one swallow does not make a summer;" but this is not an isolated case, but one out of many. I have repeatedly resorted to this procedure in cases of ovariotomy, and always with the happiest results, so far as the reduction of temperature was concerned. It is only three weeks since a patient of mine, suffering from an ovarian cyst, with intestinal complications, was threatened with symptoms of the most violent peritonitis after the operation for its removal; and yet they were all promptly dissipated by an early resort to this plan of treatment. But, it may be asked, how do I know that the reduction of temperature and pulse is the result of the cold affusions? I judge only by experience; and I have seen such a result immediately follow the application of cold in far too large a number of cases to attribute it merely to a coincidence. Therefore, I lay great stress upon this method of treatment; believing it, as I do, to be by far the best that has yet been devised for the reduction of high temperature following ovariotomy and other similar operations.

After this the patient did very well again, up to the day before yesterday (Wednesday), when she was suddenly seized with the most violent retching and vomiting, and was unable to retain anything whatever upon the stomach. This prostrated her very much, and her pulse, which ran up to 150, was exceedingly small and feeble. There was, however, no increase in the temperature. In consequence of the patient's great exhaustion, the attempt was made to nourish her by the rectum, although the difficulty of introducing food by this method is so great in such cases as to constitute a very serious objection to it. In addition, therefore, I directed the house surgeon to inject half an ounce of brandy into the cellular tissue of the arms, by means of the hypodermic syringe, every two hours. This was kept up all through the night, and by yesterday morning it was noted that the pulse had become greatly reduced, and the heart's action was much stronger, while the temperature still remained low. To-day it gives me great pleasure to report the favorable condition of the patient, as stated in a note which I have just received from the house surgeon. In it he says that she is doing well. The pulse is 106, the temperature 99; she is able to take a fair amount of nourishment, and is comparatively free from pain. From this account I am encouraged to believe that our patient is now entirely out of danger, because she has successfully passed through the period when peritonitis is likely to occur, and there is no risk of septicæmia, for the reason that, this being a solid tumor, no fluid was left in the abdominal cavity.

Case 2.—Cyst of Vulvo-vaginal Gland.

The first patient whom I present to-day is Minnie S., a native of Germany, and twenty-six years of age. She has been married four and a half years, and has had three children, but no miscarriages. Her youngest child is now fifteen months old; and she tells me that it is three and a half years since she first noticed that anything was wrong with her. At that time she discovered a little lump, about the size of a bean, at the entrance of the vulva. This afterward increased in size, until it reached the dimensions of a hen's egg, and it has remained up to the present time. As one might naturally expect, it has given her a great deal of trouble, in coition, pregnancy, and parturition, and has always been a particular annoyance to her in walking; so that she is extremely anxious to get rid of it, if possible. This is in reality a very simple case, but the affection here present is one that is exceedingly liable to be misunderstood; and I want to impress its characteristics so forcibly upon you that you will never have any difficulty in recognizing, or be at a loss as to the proper treatment of, any similar one that you may meet in your practice.

When I made an examination here, I discovered just within the left labium majus a cyst of the size and in the position which I now represent for you upon the blackboard. This, as I said, has given her a great deal of pain and trouble, for three and a half years, and yet, although she has consulted medical advice, it is still as bad as ever. She states that she has been to two physicians, and that they opened the lump and let out matter. Since then, she says, it fills up all the time, and she has to squeeze it out every day.

Now let me tell you what this cyst is. In each labium majus there is a gland of about the size and shape of an apricot seed, which secretes a glairy sort of mucus and pours it out through a little duct opening exactly behind the hymen. On the cadaver a bristle can readily be inserted into the orifice of the duct. These constitute what are known as the vulvo-vaginal glands, and are sometimes called the glands of Bartholine. About twenty-five years ago they were described by a French observer, Huguet, and in honor of him were given his name; but not long afterward it was discovered that a detailed account of them had been given to the profession hundreds of years before, by an old anatomist named Bartholinus.

They are so easily recognized that almost any dissector ought to have detected their presence, and yet their existence was wholly forgotten from the time of Bartholinus to that of Huguet. Thus it is that discoveries are constantly repeating themselves in medicine, and we often hit upon some idea which we imagine to be entirely new, when in reality it was well known to our forefathers. Still I have not told you what the trouble is here. These glands are not infrequently the seat of inflammatory action which is transmitted to them by means of their ducts, just as the testicle often becomes swollen in gonorrhœa, on account of an irritation conveyed from the urethra through the *vas deferens*. So here the vulvo-vaginal gland on the left side became affected through an inflammatory process, which caused stenosis of its duct and created an abscess in the gland itself.

In many works on surgery you will find an elaborate description of the method of cutting out this gland; but let me advise you never to attempt it. I once performed the operation, but it is a very difficult one, and I never expect to do it again. The principal trouble in it is that one is almost sure to sever a branch of the pubic ar-

tery, and it is very difficult to control the hemorrhage which ensues. You will think, perhaps, that you have secured the vessel; but when you call to see your patient the next day it is more than likely that you will find that she has been losing an enormous quantity of blood. In my experience the extirpation of the gland is an utterly useless operation. In the present instance the two physicians made incisions into the cyst; but that was by no means sufficient to effect a cure.

The proper method of proceeding in such a case is as follows: The patient having been well anæsthetized, let an assistant seize and make firm compression upon the enlarged gland. Then further securing it by means of a tenaculum, lay it open with the scissors throughout its entire length, from above downward. Having done this, you should pack it completely, with thymolized or carbolized cotton, or if you please, cotton that has been saturated with a solution of persulphate of iron. In forty-eight hours this dressing should be removed, and the surfaces may then be brushed over with persulphate of iron, so that they will not unite too soon. There is then no further trouble, because the cyst will become completely obliterated in a short time. The result is perfectly certain, and I can promise our patient here, with the greatest assurance, that if she will return to the clinic next Friday, to have the operation performed, she can be entirely cured without the slightest difficulty.

Case 3.—Phlegmon in Douglas' Cul-de-sac, from Recent Pubic Peritonitis.

Elizabeth B., a native of the United States, and twenty-four years of age. She has been married nine years, and has had one child and a number of miscarriages. Two weeks ago she had the last miscarriage, and afterward she was quite ill, and suffered a great deal of pain, which her physician told her was due to inflammation of the bowels. She still continues to feel considerable pain, and is also suffering from weakness and loss of appetite, she says.

On making an examination in this case I found the vagina somewhat relaxed, as we would naturally expect to find it so soon after a miscarriage, and my finger easily passed up to the cervix, which was in its normal position. When conjoined manipulation was employed, I ascertained that the body of the uterus was also in good position; but just behind the organ was a hard lump, which was quite large and exquisitely sensitive to the touch, so that the patient could not keep from wincing during the examination, on account of the pain it caused her. The uterus was found to be moderately movable; but the mass behind it (which was in immediate juxtaposition to it) could be moved but very slightly.

The first question that occurs to any one who discerns such a mass is this: is it a fibroid? But this cannot be a fibroid, from the fact that she was perfectly well up to two weeks ago, when she had the attack of so-called inflammation of the bowels. It it were a fibroid, why should it become developed or begin to give rise to trouble so suddenly? If such were its character, there would undoubtedly have been symptoms before. Then, again, if simply a fibroid, why should it be so sensitive (this tenderness on pressure being exceedingly rare in fibroids), and why should it not move as freely as the uterus, being in reality a portion of that organ?

What else, then, might it be? Not a cyst of the ovary; for in that case it could readily be pushed up out of the pelvis, and this is impossible here. Neither can it be a mass of fæces in the rectum, for if it were so, a depression could be made in it with the finger, which would remain afterward, and would be appreciable by passing the hand over it; just as the feet and legs will pit on pressure when œdematous. Such is not the case, however, with this mass. If it is none of these, what, then, is it?

Just between the rectum and the uterus there is a pouch which is known as Douglas' cul-de-sac. As a result of the abortion mentioned, this patient has undoubtedly had an inflammation of the peritoneum in this part; and it is just this sort of peritonitis which causes the death of many women after miscarriages, although to septicæmia, also, is to be attributed a considerable portion of the mortality occurring under these circumstances. In consequence of the inflammatory action, an effusion of organizable lymph was poured into Douglas' cul-de-sac, and as it is still there all the pain and distress are fully accounted for.

As to the prognosis in this case, I should be perfectly willing to tell the patient that she will be well in from four to six weeks, if she will only take proper care of herself. She should also be warned not to consult any other medical man, for if she goes around from one physician to another, and one or more of them should introduce a sound into the uterus, a second attack of peritonitis might be set up, which might be even more serious than the first. Nothing would have induced me to pass even the delicate uterine probe in this case, for fear of doing irreparable mischief. The patient should keep in bed, or, at all events, in a reclining posture, as much as possible, and especially at the time of her menstrual period. She should also keep her bowels pretty free, by means of laxatives, and should make use of copious vaginal injections of warm water. In a month, if this course is pursued, I believe that the mass of lymph, if not altogether absorbed, will give her so little trouble that she will feel perfectly able to go about all her usual avocations. There is one question which arises, in connection with this case, and that is, whether the abortion was artificially induced or not; for the symptoms here certainly resemble very closely those which not unfrequently exhibit themselves after an induced abortion. (By this time the patient had left the room.)

Case 4.—Probable Fibro-cystic Tumor of the Uterus, Complicated with Pregnancy.

Isabella W. born in Ireland, and thirty-six years old. She has been married three years, and has had one child. This patient first presented herself at the clinic in June last, and the diagnosis was then made of utero-fibroid cyst, together with probably commencing pregnancy. She was directed to return in July, and it was then determined positively that she was pregnant.

As to the cyst, which was also present, it could not be determined with certainty whether it was ovarian or of a utero-fibroid character, although the probability was that it was of the latter variety.

She now expects to be confined next month, and I would call your attention to the enormous size of the abdomen, in which the uterus with its living contents can be made out in the upper portion. Were a woman as large as this in pregnancy, without any tumor, which is here present in addition, I should be very much afraid that she was troubled with dropsy of the amnion. The patient states that she feels the movements of the child distinctly, and when I ask her how long she has had the abdominal enlargement, she replies four years before her pregnancy, which was no doubt one of the points which induced us to suppose formerly that it was probably a fibro-cyst. The average duration of cysts of the ovary is, as I have had occasion to remark before, just about three years.

The question of most importance that arises in connection with this case is, is this tumor going to interfere with delivery? I imagine not, because there is no obstruction resulting from it, either in the pelvis or vagina. It may probably, however, interfere somewhat with the third stage of labor, by preventing tonic contraction of the uterus, and so give rise to considerable hemorrhage.

There are two or three points relating to such a case as this to which I should like to call your attention before dismissing it. The first is, that the most serious mistakes have not unfrequently been made in regard to the diagnosis of tumors complicating pregnancy. In some instances both ovaries may be affected, and the great danger always is that pregnancy may be overlooked altogether. Wherever there is any doubt whatever in a case, therefore, the most extreme care should be used in making the diagnosis.

The next is, as to how a cyst is to be dealt with when it is found as a complication of pregnancy, and vice versa. In the first place, it may be deemed advisable to tap the cyst. Secondly, it may be best to empty the uterus and allow the cyst to remain undisturbed. Thirdly, both cyst and uterus may be left alone until the term of utero-gestation is completed; and this is what has been done here. No one course is always to be pursued; but in every case we should be guided by the individual circumstances of it, as to which plan we shall follow. Some years ago I saw in Jersey City a patient who, like the one now before us, had two tumors in her abdomen, one physiological and the other pathological. She objected to having any interference made in her case, and in the eighth month of her pregnancy the cyst (which was ovarian in character) ruptured; the accident giving rise to fatal peritonitis. In this instance the walls of the cyst were probably unusually thin, and there was not enough room in the abdomen for the accommodation of the two large masses. In some cases the dyspnœa of the patient becomes so great under these circumstances that it is necessary to resort either to tapping the cyst or to emptying the uterus, in order to relieve her.

Before the patient leaves the room I would call your attention to her facies. You can at once perceive that she is very haggard and worn, and that something decidedly more serious than ordinary pregnancy must be the matter with her. Now that she has withdrawn, I will tell you frankly that I look upon the danger of the woman as very great in her approaching confinement. In the first place, she is in danger on account of her extreme exhaustion, and secondly, there is the strongest probability that serious or even fatal hemorrhage may occur in the third stage of labor.

Case 5.—Laceration of the Cervix, with Subinvolution of the Perineum.

Our last patient to-day is Rosanna McG., native of Ireland, and thirty-eight years of age. She has been married eighteen years, and has had ten children, but no miscarriages. (This is quite remarkable, for it is certainly very rare to find a woman who has borne as many children as she has, and yet has never had any miscarriages. Her last child is now eighteen months old.

How long has it been since anything has been the matter with you? "Fourteen years." O what do you complain? "Of my back and side (placing her hand over the left hip) and bearing down pains." How are you troubled in the back and side? "I suffer from them all the time when I stand up." Does it hurt you to lift or carry any weight? "Yes; very much." Now, I will put a few direct questions. Do you have the whites? "Very bad." Do you differ much at your monthly periods? "No." You have no trouble, then? "None at all." Do you have any difficulty about your bladder? "No."

There is one other symptom of which the patient has told me privately, and that is painful coition, or, as Barnes has termed it, dyspareunia. It is a very prominent one in the case. The symptoms, then, are, in brief:—

1. Severe pain in the back, increased when any marked exertion is made, and accompanied by "bearing down."
2. Pain in the left side.
3. Leucorrhœa.
4. Dyspareunia.

Such being the symptoms, it becomes an all important question to the patient whether she can be cured.

Having obtained the history, as it has now been given to you, I instituted a physical examination, not for the purpose of finding out a number of interesting pathological facts, but to discover what was the matter with the patient, in order that something might be done for her relief or cure. As soon as my finger had passed into the vagina, I detected the fact that the cervix was very severely lacerated. Not only was it torn through on each side, but, in addition to this lateral division, there was a deep slit down the anterior wall of the cervix. It is impossible now to say whether this extensive laceration was all accomplished at the time of one labor, or whether it was the result of more than one.

There is one peculiarity about this cervix, which is never met with when the part is in its normal condition, and that is, that the moment

the finger touches it the patient knows of it, from the marked pain which it excites. This tenderness is not uncommon in lacerations of the cervix, just, as it is quite frequently associated with ruptured perineum. In certain cases a neuralgic condition of the part ensues, from injury inflicted during parturition, and, being aware of this fact, the cause of the dyspareunia which has been noted in this patient is at once apparent. We can already say, therefore, that if we cannot do anything else for the patient, we can certainly cure her dyspareunia. As sure as the pain occasioned by having a pebble in one's shoe can be relieved by the removal of that pebble, just so surely can the suffering caused by condition in this patient be abolished by an appropriate operation upon the lacerated cervix.

Now let us go on a little further. As the examination was continued, it was found that the patient's perineum was utterly worthless. It had been ruptured to a certain extent, but besides this it was evident that in some of her numerous labors it had not undergone involution, and consequently, it was not difficult to see that the "bearing down" of which the woman complains was due to this cause. The term bearing down ought properly to mean something like tenesmus, but our patients use it to describe a number of different feelings. Here a sense of dragging and giving way in the pelvic organs seems to be meant, and this is undoubtedly due to the abnormal condition of the perineum. Instead of affording support to the walls of the vagina, and through these to the uterus and bladder, all these parts are permitted to drag down to a certain extent, and hence the great discomfort which the patient experiences in consequence.

As to the pain in the back, that is satisfactorily explained by the dragging upon the utero-sacral ligament (one of very great importance), which is kept continually upon the stretch. To any one who understands the anatomy and physiology of the parts, it is not difficult to see how the tension produced by the down-coming uterus should give rise to a constant backache.

Finally, how about the leucorrhœa? When a speculum is introduced, pus can at once be seen pouring out freely from the lacerated surfaces of the cervix, the secretion of whose innumerable glands has become completely perverted. This discharge is not pure pus, but is of a muco-purulent character. When we remember that Tyler Smith has estimated the number of muciparous follicles in the cervix at ten thousand, we need not be surprised that there is a considerable discharge from them under such conditions as are here presented.

Sufficient has now been offered, I think, to account in a satisfactory manner for all the symptoms that have been noticed in the case, and the only thing that remains for us to do is to adopt the best measures for the cure of our patient. The first procedure to be undertaken is undoubtedly the sewing up of the lacerated cervix, which will restore it to its normal condition, and effectually get rid of both the dyspareunia and the leucorrhœa. Having done this, the completion of the cure is to be effected by repairing the perineum, or, in other words, putting back the perineal body, which has been destroyed. When this has been accomplished, instead of the anterior wall of the vagina being pulled out, and the posterior wall rolling out of the body, all the parts will be kept up perfectly in position; and we shall then have the satisfaction of discharging the patient, completely relieved of all the troubles which are now so distressing to her.

Editorial Department.

Periscope.

Smallpox and Great Pox.

The occasional similarity of syphilis to variola, which has led to their bearing a common name, is well illustrated by the following cases, given by Mr. Jonathan Hutchinson, F.R.C.S., in a recent lecture:—

One of the most remarkable examples of this eruption came under my notice about twelve years ago. A young gentleman called on me with a conspicuous papular eruption on his face and other parts. "I have just had smallpox," he said; "and Mr. —— says that I am cured; but the spots don't go away." He added that Mr. ——, a gentleman of large experience, had kept him in bed a fortnight, and had since sent him into the country for a fortnight, and now said that he might return to his desk at a bank; "but," he continued, "the other clerks won't sit near me, and declare that I have smallpox still." He had a chancre, and the eruption was syphilitic. I have seen several cases which had been treated in the smallpox hospital for eruptions which were undoubtedly syphilitic. But I must not mention the mistakes of others, unless I am prepared to be candid about my own. I had many a time, in clinical lecture, mentioned the preceding facts, and enlarged upon the importance of distinguishing between the syphilitic simular of smallpox and the reality, when my own turn came. One day in the summer of 1877 I was hastily summoned to see a gentleman at his own house, who had just been landed from a sea voyage, during the whole of which he had been very ill. He had been carried from the vessel to his house, and put to bed: and I found him covered from head to foot with crusts exactly like those of variola in the third stage. Some had fallen, and where this had happened, deep scars were left. The eruption had begun to come out on the day that he went on board, and he had been feeling ill a few days before. The stages had been unusually long, but still had not

exceeded possible limits. I questioned him as to syphilis, and examined his penis and his throat, but without finding any reason to doubt his denial. In a word, after a careful and skeptical investigation, I thought that the eruption was variola. The sequel proved that it was syphilis; the scabs took months to fall; and just when he was recovering from the eruption he had iritis, which I could not doubt was specific. At this stage, three or four months after I had seen him at home, in bed, he came to Moorfields Hospital. His face was pitted all over, and I had much difficulty in convincing those who then saw him that he had not really had smallpox. I could not quote an instance more conclusive in support of the assertion that one of the forms of syphilitic eruption is exactly like smallpox in all its stages, and in its resulting scars. Slow progress is the one difference between the two exanthems. The similarity is produced, no doubt, by the fact that syphilis in these cases attacks precisely the same anatomical structures as those in which the variolous pustule is developed. It is scarcely needful to remark that this form of eruption always occurs in the secondary stage.

Treatment of Diphtheria.

Dr. A. J. Shaffer writes to the Atlanta *Medical and Surgical Journal*—

In 1877 diphtheria prevailed to an alarming extent in and along the lines of Hall and Gwinnett counties. I prescribed for a great many cases, and not one case that used the following prescription ended fatally:—

To a child six years old I gave six grains of sulphate of quinia and four drops of hydrochloric acid every hour, until the symptoms gave way, diminishing or increasing according to the age of the patient. In a large majority of cases the grave condition was improved, and the little patient passed into a quiet, refreshing sleep.

℞. Sulph. of quinia, gr. xlviij
Hydrochloric acid, ♏.xxxij
Water, f. ℥ j. M.

Sig.—One teaspoonful to be given every hour, until the grave symptoms give way.

The following is the easiest way to give the medicine, and more palatable for a child:—

℞. Sulph. of quinia, gr. vj
Acid hydrochloric, ♏.iv
Honey, half teaspoonful. M.

Sig.—Repeat the dose every hour, in severe cases, until the symptoms give way.

Irritation of the Sympathetic, through the Pharynx.

A valuable suggestion is taken from Dr. Bitot, in a translation in the N. Y. *Med. Journal.* Dr. Bitot emphazises the favorable effect of cauterizations of the pharyngeal mucous membrane in cases of cranial neuroses with amnesia, due to affections of the superior cervical ganglion of the sympathetic. His conclusions are: 1. The head is the seat of certain nervous derangements whose localization has not yet been determined. 2. In these the cranial portion of the sympathetic mu participate. 3. The assumption is justifiabl that the superior cervical ganglion of the symp thetic, which forms the chief seat of the derang ment, is the starting point. 4. When th neurotic condition resists the usual therapeuti measures, the relations of this ganglion to th pharyngeal mucous membrane make the latte especially adapted to the counter-irritatio 5. The application of iodine to this mucous mem brane has furnished remarkably favorable result in essentially nervous derangement; on the othe hand, it is inert in the consecutive phenomena c apoplexy. 6. Under this treatment many c the cases complicated with amnesia have regaine the power of memory.

Effects of Quinine on the Organs of Circulation.

An Italian observer, Dr. G. Cavazzani, ha studied this subject recently, and his observation are given in the London *Medical Record.* H finds that the action of quinine upon the hear is not very marked, but if it is contracting ver rapidly, the muscle becomes pale, the cavity i completely emptied, the heart remains contracte in systole. The ventricular diastole occur slowly, so that the auricles impel but little blood Quinine causes great constriction of the arteria and venous capillaries, the constriction bearing definite relation to the amount injected. Th circulation of the blood corpuscles is hindered i many of the capillaries, but the author has beer unable to decide whether the circulation of th plasma likewise ceases. In moderate dose quinine may accelerate the peripheral circula tion, while in larger quantities it impedes, b reason of its constricting action upon the ter minal vessels. Quinine has a paralyzing in fluence upon the respiration. From these ob servations it may be deduced, *à priori*, tha quinine in considerable doses is of use to stimu late the peripheral circulation by limiting the vascular area. In energetic doses it is useful in phlogosis by modifying vaso-motor paresis.

Œdema of the Feet and Legs in Consumption.

Dr. Pachot, of Paris, in a recent *Thesis*, states that œdema of the lower limbs may arise in consumption from different causes, the principal of which are renal alterations, amyloid degenerations, tuberculosis, venous thrombii and cachexia. Another form, which has not been much studied hitherto, is due to irregularities in the cardio-pulmonary circulation which originate in chronic peritubercuous pneumonia.

This latter complication has been noticed as well in the above-mentioned case as in a simple chronic pulmonary induration; the œdema is persistent, not painful, and does not increase the cachectic state of the patient to any extent. In all the cases quoted by M. Pachot, the sclerosis of the lungs was very considerable, and continued with a considerable thickening of the pleura. The right ventricle has never been dilated, although dilatation has often occurred, together with hypertrophy, in simple broncho-pneumonic cirrhosis.

Nitrous Oxide in Asthma.

Dr. D. Crofton has an article in the *Med. Press and Circular*, on the therapeutic effect of the inhalation of the fumes of burning nitre paper in asthma. He writes—

It will be well to examine the method, or presumed method, of relief. This we believe to be due to two factors—first, the effect of the liberated nitrous oxide upon the nervous system, having its secondary effect upon the muscular one, and so relaxing the spasm which contracts the bronchial rings, thereby opening them, and allowing inspiration and expiration to go on freely. Next to this comes the benefit derivable from the oxygen also liberated, which can now, through the enlarged diameters of the tubes, be freely inspired to aerate the blood, and afterward freely expired as carbonic acid and watery vapor.

If our hypothesis be correct, it would appear that nitrous oxide alone (or properly diluted) would produce the beneficial effect, although more slowly, by doing for atmospheric air what it does when liberated from the burning paper for its associated oxygen, and that oxygen alone (or properly diluted) without nitrous oxide, could not be expected to confer the same benefit, as the tubes might remain contracted, and so offer an impediment to expiration of the generated carbonic acid.

In illustration of these two positions, we have heard a remarkable instance. A young geologist of our acquaintance, happening in India to live in the house with an old gentleman who was asthmatic—upon the latter being seized with an attack at night, made a bagful of nitrous oxide, which he caused the patient to inhale, and which brought immediate relief. Subsequently, on another attack occurring, he gave him oxygen, but with little or no benefit.

In what we have said about nitrous oxide, we have spoken of it in its topical, or presumed topical effects. Its constitutional action should also be taken into account. This is known to be great, from the symptoms which it produces when inhaled by healthy persons, in whom it often brings on the effects of laughing, pugnacity, etc.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Part II of the Atlas of Histology, by Dr. E. Klein and E. Noble Smith, is taken up with endothelium, and presents several plates, containing figures drawn and colored in the most exquisite style of the art, and with a fidelity that leaves nothing to be desired. For sale by J. B. Lippincott & Co. Price $2.50.

——"Rhymes of Science," is the title of a collection of humerous poems relating to various branches of science, and by different authors, collected and published by the Industrial Publication Co., New York City (small 8vo, pp. 66, cloth, price 50 cents). Dr. O. W. Holmes, Bret Harte, J. G. Saxe, and others, are represented.

——In Circular No. 1, 1879, of the Bureau of Education, Washington, the Hon. John Eaton, Commissioner, prints an address to the Training School for Nurses in that city, summarizing much of the information desired from that office by those who seek to promote the establishment of such schools. To be had of the Commissioner.

——"Neurological Contributions," by William A. Hammond, M.D., assisted by W. J. Morton, M.D., is the title of a publication issued by G. P. Putnam's Sons, New York city, the first number of which is before us. Four numbers are to be issued yearly, each of 96 pages, and each complete in itself, and will be sold for $1.00. The numbers are to be made up of memoirs and reports on subjects connected with the mind and nervous system, by the two gentlemen mentioned, and will be freely illustrated. The first number contains articles on the non-asylum treatment of the insane, on arrest of development, on mysophobia, and a series of records of practice, by Dr. Hammond, and various clinical cases, by Dr. Morton. The description of the toxic effects of tea, by Dr. Morton, is a very valuable report. The essays by Dr. Hammond are able and lucid, as we should expect; his description of mysophobia is very striking. The paper and press-work are exceptionally fine, and the publication deserves popularity.

——The first annual report of the State Board of Health of Rhode Island makes a volume of two hundred pages. About one half is occupied with the report of the Secretary, Dr. Charles H. Fisher. It is followed by papers on hygiene in the public schools, by Dr. George W. Jenckes; on the dangers arising from poisonous wall papers, by Dr. E. Dyer; on the prevention of kerosene accidents, by Prof. J. H. Appleton; on the medical topography of Rhode Island, by Dr. Charles W. Parsons; on diphtheria, by Dr. James H. Eldredge; on causes of ill health among women, by Dr. Anita E. Tyng; a one-sided attack on beer and wine as table drinks, by Dr. L. F. C. Garvin; and a study of the causation of typhoid fever, by George E. Waring, Jr. Several of these papers are not above the common place; and it is to be hoped that future volumes, instead of being made a medium for trite writers to air pet theories of a narrow character, will become the receptacles of able and scientific investigations.

THE

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REMARKS ON COMPARATIVE EPIDEMIOLOGY.

The diseases of the lower animals are receiving at present a great deal of attention from legislators in this country. The immense pecuniary interests at stake have led to the necessity becoming more and more apparent, that these diseases must be studied in a scientific manner, and the most enlightened sanitary and therapeutic means be adopted to prevent and cure them. Every year the United States is looked to more and more, by Europe, as the source of its food supply, and there is no economic point of greater importance for our future welfare than to secure and maintain this position.

England, Germany and Norway have this spring passed laws forbidding the introduction of American beef "on the hoof," on account of the prevalence in the Atlantic States of an infectious disease of cattle, called "pleuro-pneumonia." Of this disease we gave a description last week, from the pen of an able veterinary surgeon. The need of such a description is only too apparent from the discussions of the bills which have been introduced into the legislatures of Pennsylvania and other States to authorize measures to "stamp out" the disease. Not only did various lay members, but actually several who were physicians arose and argued that because pleuro-pneumonia in the human subject is neither contagious nor infectious, it certainly could not be among cattle, and hence they opposed the bill! The ignorance they thus exposed is, we are afraid, too general among the profession. It illustrates what we have before stated in reference to the importance of medical men acquainting themselves with comparative pathology and comparative epidemiology. At any rate, until they have given some study to these subjects, it is to be hoped, for their own credit and the good of the people, they will keep quiet in legislative halls and other public places.

The public naturally expects of a physician that he has studied the great subject of *Disease*; not merely disease of this or that character, in this or that species, but in a general way, as the deviation of organic life from its normal progress. Only when a professional man takes this wide and philosophical view of his profession, does he deserve to have it said of him that he has studied it profoundly, that he knows it thoroughly; only from such thorough and general knowledge can we expect to arrive at those fundamental laws of aberration from normal development, an acquaintance with which will confer upon us the mastery of diseased processes.

Hence, we hail as one of the good signs of the times that various medical schools, the University of Penna. among the number, contemplate adding to their course of instruction a department for the teaching of veterinary or comparative medicine and surgery. We need such an addition to the curriculum; the profession needs it, the country needs it.

For this reason, without designing or intending to depart from the range of topics strictly connected with practical medicine, we have at various times introduced discussions of veterin-

ary subjects. If we required a defence for this, we could easily find it in the debates last month in the Legislature of this State, on the Bill to prevent the spread of pleuro-pneumonia. The confusion and want of knowledge which prevails on these subjects among medical legislators were there made apparent. We hope that our endeavors will lead readers to acquaint themselves sufficiently with such subjects to avoid a public display of their ignorance when these topics are brought forward for public discussion.

Notes and Comments.

Therapeutical Notes.

CREASOTE IN CONSUMPTION.

Dr. Bonnefontaine recommends to consumptives creasote, in the shape of Dartais' capsules. These are very small globules, containing each about five centigrams of creasote, and quite tasteless. The drug must be taken three times a day, before every meal, in doses of three globules each time, and followed by a cup of chocolate or milk, a glass of wine, or some soup.

BROMIDE OF POTASSIUM IN CROUP.

In the *British Medical Journal*, February, 1879, p. 234, Dr. Redenbacher reports two cases in which this agent apparently produced most valuable results. Two little girls, aged respectively five and seven, were ordered the drug, combined with small doses of bromine. When next seen the change was most marked, and death, that seemed imminent, was averted. Dyspnœa had passed, expectoration was free, and pieces of croupal membrane were coughed up, perfect recovery following in a few days.

Rabies Treated and Cured by Oxygen.

We learn, says the *Medical Press and Circular*, from the *Gazette des Hôpitaux*, that two Russian physicians, Schmidt and Lebedew, have lately cured, by the above means, a young girl, aged twelve, who had been bitten on the hand by a mad dog. The wound had engaged the skin and subcutaneous cellular tissue, and had been immediately cauterized by nitrate of silver; and at the end of eight days cicatrization was complete.

Seventeen days after the bite the first symptoms of hydrophobia developed. The physicians prescribed the inhalation of oxygen, with the result of producing a complete state of calm. On the next day fresh symptoms came on—dysphagia, dyspnœa, tonic convulsions, spasm of the respiratory muscles, and complete absence of sensibility. A fresh inhalation of oxygen, for forty-five minutes, relieved all the symptoms, with the exception of a slight degree of dyspnœa, which was overcome by the use of the monobromide of camphor. The patient ultimately recovered.

Treatment of Diarrhœa by the Hot-Water Douche.

The London *Medical Record* informs us that Dr. Schorstein, of Vienna, advises the application of a douche of hot water, under strong pressure, to the umbilical region, in cases of diarrhœa. The temperature is at first 50°, but may be raised to 72°. The duration of the application lasts from three to five minutes; after it the patient takes a hip bath of 50 to 62°. This treatment is generally repeated not more than twice daily. Dysenteric diarrhœas, combined with tenesmus, and dysentery itself, if not inveterate, are treated in the same way. The effect is very rapid, and lasts much longer than opium treatment does; the pain is also calmed very quickly. The author has also found this hot douche answer in cases of colic caused by biliary calculus, many kinds of neuralgia, sciatica excepted, where it was desirable to remove renal calculi and gravel, or long accumulated fecal matter.

Iron as a Blood Enricher.

We have read the reprint of an article by Dr. Robert Amory, of Longwood, near Boston, Mass., originally published in the Boston *Medical and Surgical Journal*, on the subject of the hæmatinic properties of dialysed iron. It is not only interesting in itself, as an instance of one of the vastly improved methods of modern research, but as affording striking evidence of the value of iron as a therapeutic agent. Twenty-eight heliotype plates of specimens of blood microscopically examined, before and after the exhibition of this remedy, enable the reader to judge for himself of the results arrived at; another illustration of the recent improvement in the means of promoting science.

Moreover, this article aids us in determining as to the best form in which this drug may be administered so as to obtain its tonic effect; and explains, in the variable quality of the article as furnished, why it has sometimes disappointed the expectations of those who have prescribed it.

Dr. Amory's testimony to the efficacy of this excellent analeptic is based upon observations made with the preparation furnished by Messrs. Wyeth & Brother, of this city, whose form of dialysed iron has met general commendation.

Correspondence.

Jaborandi in Night Sweats.

Ed. Med. and Surg. Reporter:—

About one year ago, Dr. Charles H. Weikel, then Resident Physician in the Philadelphia Hospital, told me that they had been using in that institution jaborandi for the purpose of stopping the night sweats of phthisical patients, and almost invariably with success. Since then I have prescribed it with the same intention in four cases, and Dr. S. Mason McCollin tells me that he has employed it lately in three of his cases. In all these cases, with the exception of one, the night sweats ceased after the first dose, almost totally. As mentioned, it had no effect in one of my cases, but here I think its employment came too late, as the individual died a few days later. The way I used it was the following:—

℞. Extracti jaborandi fluid., f. ℥ ss
Tinct. cardamomi,
Syrup. pruni. virginian., āā f. ℥ ij. M.

Sig.—One teaspoonful, in half a wineglassful of water, the first night, then half a teaspoonful every following night, until cessation of sweats.

It will rarely be necessary to give the medicine oftener than four consecutive nights. If, after some weeks, the sweats should return, which is frequently the case, one or two of the smaller doses have, in my cases, been sufficient to stop them again. If, after repeated trials, and a larger number of observations, the fact should be established, that jaborandi in small doses always has the effect of suppressing that which it produces when administered in larger quantities, and especially if it should prove, as it seems to do, to be specific against the night sweats of phthisical patients, then we would have one remedy more to alleviate the suffering of those unfortunate beings who fall a victim to the tubercular diathesis. The remedies we know, so far, to stop these night sweats, have all some kind of drawback. Sulphuric acid disturbs rapidly the digestion; the external application of tonic astringents is of no use, and atropia produces such a disagreeable dryness in the throat, and after a few doses, frequently, such an exhausting diarrhœa, besides its effects on the eyes, that we would have won in jaborandi a really very valuable addition to our stock of palliative remedies, besides its usefulness in many other diseases where a strong diaphoresis or increase of the salivary secretions is our object. What dose of the muriate of pilocarpia, hypodermically, might be necessary to stop these sweats I am not able to say, having found no occasion yet for using jaborandi in this form, but I should judge one-thirty-second of a grain might answer the purpose.

There is another remedy which is often used in the Philadelphia Hospital, and which, outside of that institution, is very little employed, and almost considered obsolete. That is the fluid extract of hamamelis. According to my experience with this drug, it is far superior to ergot, gallic acid, terebinthine, cupri sulphas, plumbi acetas, and all others recommended against hæmoptysis. The fault that it might have occasionally disappointed in its effect, lies in the dose and not in the medicine. In cases of hæmoptysis I give two teaspoonfuls of the fluid extract of hamamelis right away, and repeat the dose every half hour till the severe bleeding stops, and continue it later, in the dose of one or half a teaspoonful three times daily, until all signs of the spitting of blood have disappeared. I have seen no remedy yet so certain in its effect as hamamelis, and I mention it here to induce others to try it. If hamamelis is used in the following way, patients like to take it:—

℞. Extract. hamamelis, fluid, f. ℥ iij
Tinct. radicis aconiti,
Acid. hydrocyanic., dilut., āā ♏ xv
Extract glycyrrhiz., fluid, f. ℥ ss
Syrup. limonis, f. ℥ vij. M.

Sig.—One to two teaspoonfuls, in water, three times daily, or as directed.

Hugo Engel, A.M., M.D.
319 *North Fifth street, Philadelphia.*

Pneumonia in Mississippi.

Ed. Med. and Surg. Reporter:—

We have just passed through what we call the pneumonia season, the unusually long, cold winter, and the unguarded habits of our people, working up many cases through the country. Capillary bronchitis, or catarrhal fever, croup, coryzas, bilious remittent, and so-called typho-malarious fevers prevailed in some districts to an alarming extent, especially among children. Fortunately, however, they have been quite amenable to treatment, few cases having died when treated in time and properly nursed. In this country we expect all the forms of malarial fever in the summer and fall, but it is something very unusual for them to continue with such severity through the winter. As to treatment, that which was earliest and most accurately directed against the biliary and gastric complications, even when there were lung troubles, together with counter irritation, seemed to succeed best.

B. F. Duke, M.D.
Lake Como, Jasper Co., Miss.

Dialysed Iron as an Antidote to Arsenic.

Ed. Med. and Surg. Reporter:—

An elderly gentleman and his wife were poisoned, last week, by arsenious acid put in their coffee, from which they suffered very severely. Mr. C. drank a cup of the coffee, and also a glass of sweet milk, at the table, and immediately after rising from the table he drank two more glasses of milk, with cream, not apprehending poison. In less than thirty minutes he became sick, nauseated, and threw up his dinner. Supposing he was bilious, or had eaten something indigestible, he took a dose of calcined magnesia, and soon threw that up, then drank a solution of soda carb., which was likewise thrown up. Mrs. C. was also seized with nausea and vomiting, when a physician was called in, who treated

the nausea and irritability of the stomach, not apprehending poison, for the lady was not well before taking the poison. Mr. C. did not suffer many hours, as he had unwittingly taken three very good remedies. Mrs. C. was extremely prostrated; she is about sixty years old, and in poor health generally. The poison was taken on Monday, at noon, and she continued to vomit and suffer till Thursday, when I sent her, in the evening, two ounces of dialysed iron, prepared by Wyeth, of which she took nearly a fluid drachm, and experienced great relief in a few moments. She repeated the dose before bedtime, and rested better than she had since Sunday night. I saw her on Friday, when she was able to sit up, and expressed her thanks for the medicine, and the prompt relief it gave her, for she vomited no more after the first dose. She continued to use the iron till restored to health.

Navasota, Texas. A. R. KILPATRICK, M.D.

NEWS AND MISCELLANY.

AMERICAN MEDICAL ASSOCIATION.

THIRTIETH ANNUAL MEETING.

The Association met at eleven o'clock, May 6th, the President, Dr. Parvin, of Indianapolis, in the chair. Prayer was offered by the Rev. Dr. Gwinn. Dr. J. P. Logan, of Atlanta, Chairman of the Committee of Arrangements, followed with a cordial and happily phrased address of welcome, from which we make the following extract:—

"Let me beg you not to be precipitate in leaving us, but look into the mystery of this town; and in accordance with one of the most prominent characteristics of our people, who are always looking out for population, and as it must be supposed that we have a great deficiency of medical men, from the constant accession to our numbers, I would suggest that we may yet claim many of you as our fellow citizens.

"To you, as physicians, it must be interesting to know that there is found an almost entire exemption from malaria and tuberculosis (originating in this region), as well as freedom from any apprehension of a visitation of the awful scourge to which so many of our southern towns have been subjected. Our gates have time and again been thrown wide open to the fleeing thousands, who have found safety from pestilence, and sympathy with misfortune, the benevolence involved, it may be, mixed with the selfishness that springs of a security from danger.

"And this brings me to remark that if we cannot offer you much in the way of attractive recreation, we can at least point you to this favorable opportunity for the consideration of the great question of the hour, upon the wise solution of which depends the most momentous and vital interests of health, happiness and treasure to the whole people of this vast country.

"The grand results which have been accomplished in the past in originating and building up sanitary science have been due to the medical profession, and you have now, in addition to the many other important and interesting investigations which demand your attention, in the impress you may make upon the action of the national sanitary body now in contemporaneous session (to which you are invited), accustomed as you are to self-sacrificing toil, an opportunity to engage in a 'labor of love' and a work of mercy, far transcending the gratification of landscape, art or social life, in this solemn period, when the people of a large portion of the land, having just emerged from the ravages of the deadly plague, are now waiting, as it were, on tiptoe, with deep apprehension, the approach of another season which may renew the horrors of the past year.

"As equally appropriate to the present occasion, and to the intervening history of this desolating plague, craving your patience, I have to detain you a moment in repeating a brief extract from what I had the honor to write in the conclusions of a report from the State Board of Health to the Governor and Legislature of Georgia, in the winter of 1876, in reference to the visitation of that year upon our own immediate coast and connecting cities. I then said, and now say with equal confidence, that, 'for all practical purposes, it is not necessary to demonstrate whether yellow fever is always imported, or whether, under certain peculiar and exceptional circumstances, it arises upon our coast from local causes alone. That it can be imported, and will or can become epidemic, from the neglect of proper sanitary regulations in certain localities, will not be questioned. That it may be imported and not become epidemic, in the absence of the circumstances which favor its propagation, will also be admitted without discussion. The very warm contest, therefore, which has been carried on for many years in regard to the exotic or local causes of yellow fever does not seem to be justified by the necessities of the case, or the importance of arriving at conclusions of a definite character with reference to the possibility of excluding it altogether, as an epidemic, from our shores. Let the facts of importation or local origin, or of both, be as they may, no argument is needed to establish the proposition that no means of preventing the occurrence of yellow fever should be neglected, which could, by possibility, be brought into requisition.'"

At the conclusion of the address there was hearty applause. The announcement of the list of registration of members by the Committee on Arrangements was made.

Dr. Logan announced that the citizens of Augusta had tendered the Association an excursion to that city, and the only objection he had to its acceptance was the great beauty of that city.

Dr. Campbell, of Augusta, rose and made a few remarks, urging the acceptance of the invitation, and promised the Association a real old Georgia barbecue. [Applause.] "Some of you don't know what that means, but if you will just come down and see us, we will show you how elegant we can make it. We will not take no for an answer." [Applause.]

Communications from members unavoidably absent were read.

The next business was the annual address of the president, Dr. Theophilus Parvin, of Indian-

apolis. The address was beautiful in words, and deep in thought, and was received with frequent applause.

On motion of Dr. Logan, the ex-presidents of the Association were invited to seats on the stage. In response, Dr. Davis, of Chicago, Dr. Gross, of Philadelphia, Dr. Richardson, of New Orleans, and Dr. Toner, of Washington, came forward and took seats on the stage. Dr. Fuller, of Maine, presided during this stage of the proceedings.

Some papers on various medical problems and experiments were offered and referred to appropriate Sections.

Dr. E. Seguin, of New York, presented the report of the Committee on the Metric System. The report briefly sketched the success of the system, and offered in conclusion a resolution, declaring that the Association adopt the metric system, and that in future all correspondents adopt it, and that druggists and physicians endorse and promote its popular use. The adoption of the report and resolutions was moved.

Some discussion was had as to whether the resolutions should be adopted at once or delayed until some absent members should come in. The motion to postpone the consideration of the report was carried.

An amendment to the constitution providing for the consolidation of the Sections on medical jurisprudence, chemistry, and psychology, and the department of state medicine and public hygiene was adopted. The section was placed as number four.

After some further business, the Association adjourned to the following day, the afternoon being devoted to the meetings of the Sections.

[The report of the proceedings will be continued next week, in order to give space in this number for the proceedings of other bodies which met at the same time.]

THE CONVENTION OF AMERICAN MEDICAL COLLEGES.

The Convention met, according to notice, at Atlanta, May 2d. The meeting was called to order by Dr. N. S. Davis, and the chair taken by Prof. S. D. Gross. Dr. Sterling Loveing, of Columbus, Ohio, was elected Secretary. A committee on credentials was appointed, who reported as follows:—

State University of Iowa—Dr. Thomas S. Parr, D. F. Peck.

Starling Medical College, of Columbus, Ohio—Prof. S. Loveing.

Miami Medical College, of Cincinnati—Prof. John A. Murphy.

Medical Department, University of Michigan—Prof. E. S. Dunster.

College of Physicians and Surgeons, of Baltimore—Dr. John S. Lynch and Prof. E. Lloyd Howard.

Kentucky School of Medicine—Dr. A. B. Cook.

Medical Department, University of Louisiana,—Dr. E. S. Lewis.

Woman's Medical College, of Pennsylvania—Prof. Frances Emily White, M.D.

Rush Medical College, of Chicago—Prof. Moses Gunn.

Medical College of South Carolina—J. Ford Prioleau, J. P. Cnazal.

Detroit Medical College—Dr. L. Connor.

University of Louisville—Dr. John D. Crowe, Dr. John M. Bodine.

Vanderbilt University (Medical Department)—D. C. Kelley, of Trustees; Dr. T. Menees, of Faculty; also representing Nashville Medical College.

Louisville Medical College—Dr. C. W. Kelly, Dr. W. B. Fleming.

Medical College of Indiana—Dr. J. F. Hibbard.

Atlanta Medical College—Dr. John G. Westmoreland, Dr. John T. Johnson.

Medical Department, Central University of Louisville—Dr. Dudley Reynolds.

Jefferson Medical College—Dr. Samuel D. Gross.

Chicago Medical College—Dr. N. S. Davis.

Medical College of Ohio—Dr. W. W. Dawson.

Medical Department, University of Maryland—Dr. S. McLean Tiffany.

Southern Medical College—Dr. T. S. Powell, for Trustees.

Medical College of Evansville, Ind.—Dr. H. G. Jones and Dr. G. B. Walker.

Nashville Medical College—Dr. D. J. Roberts, for Faculty, and Dr. Duncan Eve, for Councillors; Judge A. L. DeMass for Trustees.

College of Physicians and Surgeons, of Keokuk, Iowa—Dr. J. C. Hughes.

Dr. N. S. Davis stated the object of the meeting to be the establishment of a uniform course of study, in accordance with the advanced state of medical science. One of the great objects of this Convention was to ascertain if all the colleges in the country could not be induced to take at least one step forward—a step which would require all medical students not only to study three full years, but also to attend three regular annual courses of college instruction. This point must be settled by the Convention. The students should also be required to furnish evidence that they are well educated in ordinary English branches. The latter point is as vital as the former. The doctor said both points were vital, and nothing less would do credit to such a body.

Dr. E. S. Dunster, of Michigan, favored the adoption of the course suggested, and said he spoke for the University of Michigan. That school would adopt such a course, no matter what the Convention should do.

Dr. Davis, of the Chicago Medical College, moved that a committee of five, on propositions, be appointed to bring matters before the body in regular form.

After some desultory discussion, this motion was carried, and the committee was appointed, to report in the afternoon.

At the hour appointed the Committee submitted the following report:—

Your Committee, after due deliberation, have decided to submit for the consideration of the Convention only two propositions, and those without any expression of opinion concerning their merits by your Committee. The propositions are as follows:—

First. That all medical colleges should require attendance upon three regular courses of lectures during three separate years, before admitting students to become candidates for the degree of M.D.

Second. That the medical colleges should require, before admitting to matriculation, a preliminary examination—such examination to embrace, at least, the elements of the physical sciences in addition to a fair English education. All of which is respectfully submitted.

N. S. DAVIS, *President.*
J. T. JOHNSON, *Secretary.*

The report was received, and after considerable discussion, was carried, by a large majority. It was also moved and carried, that the report be referred to the Association of American Medical Colleges.

The Convention then adjourned *sine die.*

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

The third annual meeting of this Association was held in Atlanta, May 3d.

At ten o'clock, Dr. N. S. Davis, of Chicago, Vice President, called the meeting to order. He announced the death of Dr. Biddle, of Jefferson Medical College, the late President of the Association, and paid a brief but beautiful tribute to his memory. He hoped that a committee would soon be appointed to prepare suitable resolutions on the death of this distinguished physician and estimable man.

The credentials of the members were presented to the Secretary.

Several amendments to the By-Laws of the Association were presented and acted on, and the members passed to the consideration of the following proposed additional Section to the By-Laws:—

Additional Section to Article VII of the By-Laws: Every college member and every affiliated college shall print each year a true list of matriculants of the college for the year, and their preceptors, or the names of the colleges at which the matriculants have graduated, in the cases of those matriculants who are graduates, and every such college shall also print a true list of the graduates for the year.

The object of this additional section is to provide that every college member of the Association shall have proper means of information with regard to the matriculants and their preceptors, and the graduates of each college.

This additional clause was adopted by the requisite two-thirds vote—yeas, 13; nays, 1.

The charges against the Louisville Medical School were then read, and decided to be null, as they were not brought in in the regular manner, and, moreover, the colleges in question had now so arranged their courses as to be free from the charge of irregularity.

The report of the Committee on Registration of medical colleges in good standing was read. It stated that there were fifty-nine regular medical colleges in the United States, and the grand total of their graduates for 1878, was 2708. The report was full and complete, giving a list of the colleges which were in the Association, and stating whether or not any of them had violated any of the articles of confederation.

The reading of the long report occupied the body until it adjourned for dinner, to meet at three o'clock in the afternoon.

After considerable discussion, a motion was carried, to recommit the report for corrections and presentation again next year. This was deemed advisable, as it reflected severely on several colleges in Louisville and Nashville, whereas those colleges had now so modified their courses as not to be justly chargeable with the irregularities stated.

This was followed by the report of the Secretary, in reference to the reports of the colleges: The total membership of the Association consists of twenty-eight active colleges; twenty of these have reported; there is one affiliating college; five colleges have joined since the last meeting; four applications are now pending.

The points of the reports from the various colleges, and the manner in which they had observed the articles of confederation, were read by the Secretary.

The Secretary stated that the Faculty of Dartmouth Medical College insisted on withdrawing from the Association, because they could not lengthen their term.

The application of Dartmouth College was granted.

A resolution that gratuitous instruction to medical students, by any member of the Association, except as provided by law, be declared unlawful, was adopted.

An adjournment was had until Monday, May 5th.

At the session on that day resolutions of respect to the late Dr. J. B. Biddle were read.

The election of officers being next in order, Dr. Samuel D. Gross, of Philadelphia, was nominated for President, and received fifteen votes, seventeen being the whole number cast. Elected.

Dr. N. S. Davis, of the Chicago Medical College, was nominated for Vice President, and received fifteen votes, nineteen being the whole number cast. Elected.

Dr. Leartus Connor, of the Detroit Medical College, was elected Secretary and Treasurer, receiving fourteen votes out of seventeen cast.

Next in order was the reading of a communication from the "Convention of Medical Colleges." At that convention, as above stated, the questions discussed were: (1.) Should all medical colleges require three regular courses of lectures in three separate years as one of the requirements for conferring the degree of M.D.? (2.) Should all medical colleges require, before admitting to matriculation, a preliminary examination—such examination embracing at least the elements of the physical sciences in addition to a fair English education?

The first of the questions thus referred was disposed of by an amendment to the articles of confederation, proposed by Professor Menees, by which said question was answered affirmatively. Under the rules of the Association the amendment was tabled till the next session. The second of the referred questions was laid upon the table for one year.

The following amendment to act I of the articles of confederation was then offered by Professor Bodine: The majority of the members of one faculty shall not constitute the majority of the members of another faculty, unless the sessions of the two schools are held simultaneously.

The amendment was seconded, and under the rules lies over till next year.

Professor Chaille called from the table the following resolution: That it shall be considered derogatory to the dignity and good standing of any medical college represented in this Association to advertise, in any other than a strictly medical publication, the names of its professors, with their respective chairs.

This resolution does not apply to the annual circulars and catalogues issued by the colleges, but to advertising in non-professional periodicals, newspapers and other like publications, in which only a card calling attention to the advantages of the school, length of session, fees, etc., with the names of the executive officer or secretary appended, should be permitted.

After full discussion by Professors Chaille, Dawson, Murphy, Lankford and others, the resolution was adopted.

Professor Chaille offered the following amendment to the articles of confederation: "No college shall advertise in any other than a strictly medical publication the names of its professors, with their respective chairs." The amendment was seconded and laid on the table till next year.

After some formal proceedings the Association adjourned.

THE NATIONAL BOARD OF HEALTH.

The Board met at Atlanta, May 5th.

The following is a full roll of the members.

President, Dr. J. L. Cabell, of the University of Virginia; Vice president, Dr. J. S. Billings, surgeon of the United States Army; Secretary, Dr. T. J. Turner, of the United States Navy.

Members—Dr. S. Smith, of New York; Dr. H. J. Bowditch, of Boston; Dr. R. W. Mitchell of Memphis; Dr. S. M. Bemiss, of New Orleans; Dr. T. S. Verdi, of Washington; Dr. P. H. Bailhache, of the United States Marine Hospital; Dr. H. A. Johnson, of Chicago. Hon. S. L. Phillips, of the Attorney-general's office, is the legal adviser of the Board. There was a full attendance, except Dr. Bowditch and Mr. Phillips. Many distinguished physicians were present by invitation. Dr. Cabell called the meeting to order, and said:—

"In behalf of the National Board of Health, I desire to say that in asking a conference with leading sanitarians from various States, we were animated by a sincere desire to have the benefit of the counsel and advice, as well as the sympathy, of all whose studies have led them to the investigation of sanitary questions. The constituting act looks to such a course, for after declaring that the board shall consist of seven members from civil life and four from the departments of the United States, it goes on to contemplate and direct a general conference with students of sanitary laws and observers of their action in various parts of the country. The president here read an exposition as to the studies and methods of the Board. He then mapped out the course of a general consultation with sanitarians from all parts of the Union, by which t e Board hoped to be more efficacious.

Dr. Billings was asked to read the programme which had been arranged by the committee appointed to prepare a schedule for the present meeting.

He announced that the meeting of the day would be restricted to the subject of a maritime quarantine, and would not touch on those other subjects, which would be reserved for other sessions and separate schedules.

The chair called on Dr. Vanderpoel, of New York, to open the debate. The points touched upon were the sanitary history of a vessel in a foreign port, and its sanitary treatment when it arrives from an infected port. These questions were ably discussed by Drs. Vanderpoel, of New York, Cleemann, of Philadelphia, Howard, of Baltimore, Bemiss, of New Orleans, G. Dowell, of Galveston, Blaine, of Brunswick, and others.

The President announced that Dr. Chancellor, of Baltimore, had offered a paper on "the plague," with special reference to the quarantine. On motion, Dr. Chancellor was requested to read his paper, and he complied. He said the assembly was not to consider one epidemic disease. Last year the yellow fever carried death into the households of the Mississippi valley. This epidemic has attacked alternately the Atlantic coast and then the Mississippi valley. He said there are other dangers than yellow fever. There are cholera and the plague to be dreaded. He had investigated the question of the plague, and wished to bring to notice a danger which might press itself on us within six months. He had different ideas of quarantine from those generally received. The great need is not to stop commerce, but to enforce strict sanitary laws in cities. His paper was an inquiry into the history of the plague, but referred especially to the proper methods of quarantine against it. The position taken in the paper was that no epidemics like yellow fever and the plague are contagious from the person or the clothing. They can only spread when the condition of the air is favorable, and, therefore, there is no reason for a quarantine. The source is back of this. It is in the condition of the cities where the epidemic is to spread. He said the support of a great national quarantine would be stupendous folly if it tried to keep out epidemics by excluding merchandise.

On the following day, among the topics considered were—

1. River transportation.

(*a*) How to secure a steamer freedom from infection at New Orleans.

(*b*) How to deal with steamers at ports along the Mississippi and its tributaries.

These subjects were discussed by Drs. White and Chaille, of New Orleans, Dr. Mitchell, of Tennessee, Dr. Pinckney, of Ky., and others. At the request of several members, Dr. A. N. Bell, of New York, cited the experiments that he had made in heat disinfection. He stated that thirty-one years ago he was called upon to take

measures against the yellow fever on a schooner that came from a point where the disease had been raging two years. For three hours he steamed the ship, under as intense heat as the boilers would give; then he scraped and painted the vessel, and three weeks later no case of sickness was on board. A year later the ship went on a cruise in the worst fever ports of the West Indies, and no case of fever was developed on board. At the same time and place he treated a gunboat in the same manner, with the same results. Some time later two boats were taken from the same squadron to New York, passed quarantine, but though no cases of fever had been aboard for some months, the men engaged in remodeling them, in a New York dock, were infected with the fever. These boats had not been disinfected by the steam process. Other experiments in steam disinfection, which Dr. Bell has since made in person, were cited, and though there have been failures, he attributes them to a lack of thoroughness in the process. Steam heat is preferable to dry heat, because the former can be used with less damage to goods.

The third day of the session was largely occupied with the debate on river transportation. Among other subjects the destruction of the yellow fever germ was considered.

Dr. A. N. Bell expressed himself against some suggestions that had been casually made in one of the speeches of the debate about whitewashing as a prevention against yellow fever. If lime must be used, use it unslaked. In measures against yellow fever dead lime should be done away with, as well as all other dead matter.

This remark turned the debate upon the subject of disinfectants, and several gentlemen expressed a belief that dry steam was the most potent of disinfectants. One speaker remarked that only a temperature of 250° would destroy germs of yellow fever.

Dr. Plunkett, President of the Sanitary Council of the Mississippi Valley, said the idea was general in the Mississippi Valley that the "Plymouth" had been frozen out, and that cold would exterminate germs of yellow fever. It would pacify the public mind if the question of cold as a disinfectant was settled.

Dr. Turner replied that the disinfection of the "Plymouth" was made by breaking up her decks, cleansing and freezing her, but temperature was not noted by medical officers; the lowest recorded temperature was 7° C. Yet a case originated on her in March last, on the starboard side of the vessel, and quite recently a case has occurred in a corresponding quarter of the vessel on the opposite side. It is probable that the water was frozen in the bilges and thawed out by steam.

Dr. Rauch suggested that if the medical officer of a vessel was responsible for her condition, instead of the captain, the fever would be prevented. He thought that it was important that the Board should take some action toward instituting the change.

Dr. Guion, of the United States Navy, said Dr. Rauch was right. The medical officer of a vessel could only make suggestions. The captain is responsible for the sanitary condition of the ship, and even puts men on the sick list.

Dr. Plunkett here insisted on an answer to his question, whether or not the Plymouth had been frozen out?

Dr. Guion replied that she probably had, though he could not answer until an official report has been made.

The next subject of discussion was announced by President Cabell.

2. Railroads—(*a*) Sanitary condition of depots and stations. (*b*) Quarantine stations on railroads, their position and organization; specify for passenger trains, sleeping cars, car construction, freight trains, construction trains. (*c*) Mails. (*d*) Expressage.

Dr. Kedzie offered on this subject the following resolution:—

The depots and stations of railroads and their surroundings shall be kept in a sanitary condition, free from all stagnant water and decomposing organic matter; the local railroad agent or official shall daily inspect the water closets, and shall cause the floor, seats and urinals of such water closets to be kept clean; he shall cause the vaults to be emptied at least every three months, and from the first of May to the first of November he shall cause the privy vaults to be disinfected every week, by pouring into every vault a solution of twenty to fifty pounds of sulphate of iron or sulphate of zinc, or ten to fifteen pounds of chloride of lime.

These resolutions elicited general assent.

The next subject of discussion was announced to be, "System of notification of occurrence of first cases of dangerous diseases, especially of yellow fever. When is it proper to say yellow fever is epidemic in a town?"

Deciding that this question had already been settled by State and local authorities, the Board adjourned to meet in conjunction with the Sanitary Council of Mississippi Valley.

The final session was held on Friday.

Dr. Rauch, Secretary of the Sanitary Council of the Mississippi Valley, requested, before the regular routine of business was entered upon, to be permitted to report to the Board a series of propositions which had been adopted by the Sanitary Council on the preceding evening. The propositions were read and left with the National Board of Health for future consideration. A plan, the arrangement of which had some time ago been referred to a committee, was then adopted, securing coöperation between the National Board of Health, the Sanitary Council of the Mississippi Valley and the American Public Health Association, in collating knowledge of the actual sanitary condition of every city in the United States, particularly in the southwestern States along the Mississippi river. It is designed to ascertain as far as possible everything that will tend to effect the sanitary condition, whether for good or evil, of the various cities, the systems of sewerage, the condition of vaults, and the disposition that is made of refuse matter, and from these data to compile the best sanitary regulations and correct existing abuses. After adopting these measures, the National Board of Health adjourned to meet in Convention at Nashville, on the 8th of November.

From this it is not to be understood that the National Board of Health has literally adjourned

until that date; they will, on the other hand, hold sessions during the entire summer. The stenographic report of the debates, and the proceedings at this, the Atlanta Convention, will be written out, and together with the propositions reported to the Board by the Sanitary Council, will be thoroughly discussed. From these discussions will be ascertained, as far as possible, the best sanitary measures for the prevention as well as the eradication of epidemics: these results, when obtained, will be furnished to local and State sanitary bodies. Then, on the eighth of November, the Board will again meet in Nashville, there to hold a conference similar to the one just held in Atlanta, with leading sanitarians invited from every quarter of the Union. Should the Board obtain an appropriation of six hundred and fifty thousand dollars from Congress, as they desire, they would be enabled themselves to put into effect the results of their deliberations; but with their present means they can only accumulate knowledge, deduce sanitary measures from it, and refer them to local and State authorities to be put into effect.

The Sanitary Council of the Mississippi Valley and the American Health Association then adjourned, to meet in Nashville on the eighth of November.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

The Association met on the evening of May 5th. The President, Dr. William Brodie, of Detroit, read a full and able paper on American medical journalism.

Resolutions declaring that the advertising of patent medicines be considered a violation of the code of ethics, were approved.

It was proposed to pass an amendment to the constitution, admitting all authors as members, the name of the Association to be changed to correspond with this. Under the rule, this was laid on the table for one year.

Various suggestions were made as to the means of increasing the interest taken in the Association, and to enlarge the scope of its usefulness.

On the election for officers, the following were chosen:—

For President—Dr. Thomas S. Powell, of the *Southern Medical Record*.

Vice president—Dr. Frank Woodbury, of the *Boston Medical Journal*.

The Secretary is a permanent officer. Dr. Frank Davis, of Chicago, fills this office.

After adjournment, the Association was handsomely entertained by Dr. T. S. Powell, editor of the *Southern Medical Record*, at his residence.

The Public Health.

Under date of April 30, Consul-General Heap transmits a copy of a despatch from Dr. Mastoian, the U. S. Delegate to the International Sanitary Council at Pera, by which it appears that the discussion of the origin, as well as the character, of the plague is still going on, some of the delegates maintaining the disease to be less Asiatic bubonic plague, and others an "incontestable glandular engorgement;" in consequence of this divergence of opinion, the protocol releasing quarantine restrictions has not yet been signed. The epidemic has almost disappeared in Astrachan. The city of Constantinople is in a healthy condition.

U. S. Marine Hospital Service.

The following gentlemen having passed the examination required by the regulations governing the Marine Hospital service, have been appointed Assistant Surgeons in that service, by the Secretary of the Treasury:—Drs. Charles L. Dana, H. P. Cooke, H. R. Carter, and W. H. Heath.

Assistant Surgeon Charles L. Dana ordered to New York City; Assistant Surgeon W. H. Heath to Washington, D. C.; and Assistant Surgeon H. R. Carter to Boston, Mass., for temporary duty. Assistant Surgeon H. P. Cooke ordered to New Orleans, La.

Items.

—At a recent meeting of the Northwestern Medical Association, of this city, it was resolved that bills should be rendered when services were ended, or at the end of each month, and that the Society endorse a financial agent, who should be employed by the year, on salary, to attend to collection of moneys and keep physicians' accounts when desired.

—The clinic of Dr. Arnold, in the Reporter of May 10th, was incorrect to New York, instead of Baltimore, where it was held.

Personal.

—The Faculty of the Chicago Medical College announce that Professor Edward W. Jenks, M.D., of the Detroit Medical College, has accepted an appointment to the Chair of Medical and Surgical Diseases of Women and Clinical Gynecology.

MARRIAGES.

KRAMER—TRAINOR.—In St. Petersburg, Fla., on April 23d, by Rev. J. Emmanuel, Dr. P. H. Kramer and Emma Jane Trainor.

DUNHAM—BLOSSOM.—On the 2d ult., in Bethel, O., at the residence of the bride's grandmother, by the Rev. James Reid, D.D., Burham, Jr., late of Chicago, and Miss Corinna Blossom, daughter of Dr. H. K. Blossom.

KENYON—GETTY.—On Wednesday, April 30th, at Long City, N. J., by the Rev. James Montgomery, Wilbur F. Kenyon, M.D., of Cape May City, N. J., and Miss Sarah K. Getty, of Philadelphia.

LEWIS—ADAMS.—Near Potawatomie Mission, Kan., April 21, by Rev. John A. McAfee, William F. Lewis, M.D., of White Cloud, Kansas, and Maggie J. Adams.

DEATHS.

CHANDLER.—In Woodstock, Vt., on April 30th, Clayton F., youngest son of Dr. M. N. Chandler, aged 1 year, 7 months and 10 days.

BOOTH.—In this city, on the 25th, ult., Pascal J. Booth, M.D., in the 39th year.

RUTGERSON.—At Brooklyn, N. Y., April 29th, Marian Remsler, second daughter of Dr. Jas. C. and S. E. Rutgerson, aged 22 years.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1160.] PHILADELPHIA, MAY 24, 1879. [Vol. XL.—No. 21.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

A SUCCESSFUL CASE OF OVARIOTOMY.

BY A. R. SMART, M.D.,
Of Hudson, Mich.

Ovariotomy is now so frequently practiced, that it seems useless and unnecessary to report instances of its performance. Still there are some questions connected with the operation which are yet open and unsettled. Among these is the best method of dealing with the pedicle. It is with the view of adding to the testimony in favor of the plan pursued in the following case, that it is reported.

Mrs. J. D. B. presented herself for examination, January 31st, 1879. Is twenty-seven years of age; has always been healthy prior to the development of present disease. Has two children, one four years and the other eighteen months old. Has been married seven years. During the last pregnancy she noticed unusual abdominal distention. Before this had discovered nothing unusual. At the time of confinement, after the birth of the child, the abdomen remaining large, the attending physician supposed for some time that another child was yet to be delivered. From this time the growth steadily increased, until, at the present examination, she is fully as large as a woman at full term. Her general health is good. No pain is complained of, except at intervals, in the right iliac region. Diagnosis, a unilocular cyst of right ovary, with few, if any, adhesions. On the third day succeeding the examination I removed, by tapping, thirteen quarts of a dark chocolate-colored fluid, strongly albuminous, and of the consistence of thin syrup. The cyst rapidly refilled, and on March 6th, a few days over four weeks from date of tapping, was nearly as full as when first seen. On this day, having thoroughly cleansed out the bowels by castor oil thirty-six hours previous to operation, at eleven A.M., assisted by Drs. W. N. Smart, E. Eaton, Wm. Town, Lorenzo Town, J. S. Power, and Jos. Welch, I proceeded to the removal of the cyst by abdominal section. The incision was about five inches long, extending from the pubes upward. The cyst was reached with no difficulty, and with very trifling hemorrhage. After tapping with a Wells' trocar, first having ascertained freedom from adhesions, the cyst was slowly withdrawn. Some difficulty was here experienced from the tendency of the omentum and intestines to roll out of the wound, and from the solid portion of the cyst, which was rather large to pass through the opening made. The cyst was found to be unilocular, with a solid portion occupying the site of the degenerated ovary. The pedicle was thin, broad and short, and composed of the broad ligament. This was split in halves by passing a needle, armed with a stout, double silk ligature, and each half ligated, the ligatures being cut short, and the pedicle severed at one-half inch outside the ligatures. The other ovary was found healthy. No hemorrhage having occurred, the pedicle was returned, and the abdominal wound closed with six deep sutures (silk) passed through the peritoneum. The wound was dressed with broad bands of adhesive plaster passing round the body, the abdomen being then covered with a layer of cotton wool, and over all a firm flannel bandage. Time of operation thirty minutes. Patient removed to bed in good condi

tion. Visited patient three hours later. Had recovered from anæsthetic; no nausea; slight abdominal pain; expressed herself as feeling very comfortable. One-fourth of a grain of morphia had been injected into the arm at the completion of dressing. Ordered one-fourth of a grain of morphia with bismuth if pain was complained of. To have iced milk in small quantities. Urine to be drawn off with catheter every six hours. The subsequent progress of the case was all that could be desired. The wound was undisturbed for three days. One-half of the stitches were removed on the fourth day, and the remainder on the eighth day. The bowels were kept confined for ten days, and then evacuated by enema. The catheter was used for ten days. No disturbance of the stomach was noticed. The pulse never rose above a hundred per minute, but once on the fourth day, and then but a few hours; the temperature once reached one hundred and three, but for the first week ranged from one hundred to one hundred and two, going down to natural during the second week. On the fourteenth day she began to sit up, and on the twenty-first day she walked three-fourths of a mile, and up a flight of stairs, with no pain or inconvenience. At present writing, April 21st, patient declares herself as well and able to endure as much fatigue as ever in her life.

TREATMENT OF STRICTURE AND GLEET WITH GALVANISM—REPORT OF TWO CASES.

BY O. E. HERRICK, M.D.,
Of Greenville, Mich.

The use of galvanism in the treatment of uterine diseases (the application of which was described in the REPORTER, vol. xxxix, p. 175) suggested to my mind that it might be equally efficacious in treating diseases of the male urethra. I well know that galvanism as heretofore tried is a very old remedy in the treatment of stricture; and the manner of its application is all the novelty I claim for it. The treatment of stricture with galvanism has always been with a battery, and could only be tried by sittings of from a few moments to an hour, at the longest. The method which I pursued was similar to that described by me for the relief of ulceration of the os uteri and vaginal leucorrhœa, to which I have above referred. The apparatus is a copper wire attached to a silver catheter or bougie at one end, and to a zinc plate at the other, which is held in contact with the body by a bandage, and an acidulated sponge placed upon the zinc plate produces a current sufficiently strong for the purpose. I have found that my patients are enabled to wear this appliance twelve hours out of the twenty-four, six hours during the day and six at night, thus keeping the tissues composing the stricture under the influence of galvanism for a much longer time than is possible with a battery; and therein is the advantage of this method.

CASE 1.—Mr. P., aged about 50 years, had contracted his first gonorrhœa about twenty years ago, which was followed by stricture; about that time he submitted to an operation of some kind, which he says relieved it, until he contracted a second gonorrhœa, when he was again troubled with the stricture, but did not submit to another operation, and the stricture has troubled him at intervals ever since. He had learned to introduce the catheter himself, and got along without serious trouble until about six months ago, when it became so bad that he could no longer introduce the catheter himself; he then called a physician, and he failed, and in turn called another, for counsel; they then concluded to administer chloroform, which they did; and after operating for two hours and failing to pass the instrument, they left the case for the day, but returned the next, and after again chloroforming the patient, succeeded in making a *false passage*, but did not get the catheter into the bladder. They then desisted, and again left the patient to himself, who during the night succeeded in emptying the bladder, probably from the relaxing influence of the chloroform. He continued to have more or less trouble in voiding his urine for a couple of months, when I was called in. I found him in great pain and discharging large quantities of pus from the false passage, with the stricture as bad as ever. I attempted to pass a No. 6 catheter, but the parts were so tender that I desisted and applied the apparatus described above, putting it on about 4 o'clock P.M.; he wore it until 12 o'clock, when I again saw him; the pain had almost entirely subsided, and when I removed the catheter (which had only been introduced as far as the stricture) he was able to pass his urine with little trouble. I left it out until morning, when I again applied it and left it until 2 o'clock in the afternoon, at which time I again saw him; he had suffered no pain, and the discharge had almost ceased. At this time I found no trouble in passing the catheter on through the stricture into the bladder. This treatment was followed up for five days, when I discharged my patient; and he has had neither stricture nor discharge since; he con-

tinues to occasionally wear the instrument for a few hours, once or twice a week, but declares himself well.

Case 2.—Mr. V., aged forty, contracted gonorrhœa about fifteen years ago; has suffered from stricture at intervals ever since. This patient, like the preceding one, had also learned to introduce the catheter himself, and had got along without serious trouble until about four months ago, when, after taking a long and cold ride, he found that upon getting out of his cutter he could not void his urine. He attempted to pass the catheter as usual, but after repeated efforts failed to do so. He then fomented the parts with applications of warm hops during the night, and again attempted to pass the catheter, but failed. After working at it at intervals during the day without success, I was sent for in the evening. Found the patient suffering considerable pain and just recovering from a fever chill. The urethra was swollen and tender, so much so that I, after a slight effort, abandoned the attempt to pass the catheter through the stricture, and, as in the first case, applied the galvanic attachment. This was about seven o'clock in the evening; at twelve o'clock I again called, and after a slight effort succeeded in passing the catheter into the bladder, and left it there, with the wires attached, until morning. At eight o'clock, when I called, I found that the inflammatory action had almost entirely subsided, and that the catheter was perfectly loose in the urethra. From that time until this the patient has had no further trouble with his stricture, although he wore the apparatus for about ten days longer. I have treated quite a number of cases of gleet of long standing by this method, with equally good results, taking from five to ten days to effect a cure.

A CASE OF PUERPERAL CONVULSIONS.

BY N. B. KENNEDY, M.D.,
Of Hillsboro, Texas.

I was called in great haste, four miles in the country, on the morning of the 22d March last, to see Mrs. Carroll. On reaching her home I learned she had had seven convulsions. The patient, a primipara, 17 years of age, short neck and very fat, had always been healthy, and was now in the very bloom of youth and beauty. I was informed that she was at the end of her term. An intelligent old lady present stated she had not detected any labor pains. An examination *per vaginam* revealed a rigid and undilated os uteri, and almost out of reach of the finger. She lay in a semi-comatose condition, pupils dilated, pulse 65 per minute, hard and cordy. Bowels and bladder had both acted; mind very much confused; did not recognize her husband and attendants; could not answer questions at all.

I informed her husband that she was in a very critical condition, and asked that Dr. J. S. Scofield be sent for. In the meantime I opened the median basilic vein of both arms, but obtained only a few ounces of blood. Gave her chloral hydrate, chloroform and morphia hypodermically, in large doses, without any effect whatever, the convulsions coming on at regular intervals, and with increasing violence. On the arrival of Dr. Scofield we decided to sever the temporal artery, which we did, on the right side, and took away about a quart of arterial blood, which failed to produce any impression upon the convulsions. A vaginal examination now being had, we found the os soft and dilated to two inches in diameter, and that feeble pains had set up. From the flaccid condition of the head, and no pulsation in the brain, we decided that the child was dead. We now continued the fluid extract of ergot, in drachm doses, with the hope of increasing the pains, and also severed the left temporal artery, and obtained about two quarts of blood. After this the convulsions ceased, the breathing became more tranquil; the face less suffused; pulse 60, and more compressible; mind still confused; pupils dilated; she took nourishment readily. We decided to give her a night's rest and remove the child next morning. A half grain of morphia was administered in some toddy, and she slept soundly and sweetly until morning, when she was awakened by another convulsion.

We at once put her under chloroform and proceeded to remove the child. With much labor we succeeded in puncturing the brain through the fontanel, evacuated the cerebral substance, and then with the forceps removed the frontal and parietal bones. Steady traction soon delivered the remaining portion of the head, followed by the body. The child had the appearance of having been dead some time. After waiting twenty minutes, I introduced my hand to remove the placenta, and found an hour-glass contraction of the uterus, but with very little trouble removed the placenta. I then applied cold cloths to the pelvic region, and found the uterus to contract into a hard, firm ball. Patient reacted finely from the chloroform and took nourishment readily. We gave her whisky and carbonate of ammonia, and had begun to congratulate ourselves on a successful termination of

the case, when suddenly another frightful convulsion came on, from which the patient never reacted. She became profoundly comatose, pupils largely dilated, the circulation very much depressed, the extremities cold, but the uterus remaining firmly contracted all the time. For four or five hours we applied restoratives and gave stimulants by the mouth, by the rectum and hypodermically, but all to no purpose, the compression on the brain becoming more and more pronounced, caused, in our opinion, by the giving away of one of the meningeal arteries. Finally death closed the scene, and her young husband was left desolate.

It is much to be regretted that an autopsy could not be had. If the public mind could be educated to the all important necessity of *post-mortem* examinations, science would make more rapid strides forward.

While I must admit that blood letting pushed *ad deliquium* is our best remedy in this fearful malady, yet I must say it is not the *sine qua non*, a great many physicians would have us believe.

Hospital Reports.

COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

CLINIC OF PROF. T. GAILLARD THOMAS, M.D.

REPORTED BY P. BRYNBERG PORTER, M.D.

Case 1.—Chronic Ovaritis—Prolapse of Left Ovary, with Retroversion and Dysmenorrhœa.

Gentlemen:—The first patient to whose case I ask your attention to-day is Catherine H., a native of the United States, twenty-four years of age, and unmarried. It will not take us long to get her history, as it is a brief, but very significant one.

How long have you been sick? "One year." What happened at that time? Did you meet with any accident? "No." What troubled you, then? "Severe pain." And this has continued ever since? "Yes." Where is it located? "In my left side, low down." (The patient placed her hand on the left iliac fossa.) Has it always been confined to this one region? "Yes." What else have you complained of? "Nothing, except some trouble about the throat." Did that come on about the same time? "A little before the other trouble." (I may here explain that what she speaks of seems to be some laryngeal difficulty, about the exact nature of which we need not concern ourselves at present.) Are you never free from this pain in the left side? "No." Is the pain increased at all at the time of your monthly sickness? "Yes." But is it still confined to the same spot? "Yes." Do you have any backache? "Sometimes." Do you have the whites? "Yes, quite badly." Are you able to stand and walk with ease? "No, if I stand or walk for any length of time, it gives me great pain." Where is this situated? "Down the thighs." Do you have any difficulty about passing your water? "No."

Here, you perceive, is a very straightforward history. This young woman was perfectly well up to a year ago, with the exception of some laryngeal trouble, which commenced a short time before; but at that time, without any apparent cause, a very severe pain in the left iliac fossa came on suddenly, and has never left her since. As you have heard her relate, this pain is considerably aggravated at the time of her menstrual periods; and on inquiring a little more particularly in regard to this point, I find that it begins to grow worse three or four days before the flow commences, that it is most severe of all during the flow, and that after the latter ceases, it once more diminishes to the ordinary degree of acuteness which she habitually suffers all through the inter-menstrual period.

Now, our design is to find out, if possible, the cause of the symptoms of which she complains, viz: fixed pain in the left iliac fossa, pain at times extending down the thighs, and leucorrhœa. Accordingly, I proposed a physical examination, and the first thing that I detected that was abnormal, after introducing my finger into the vagina, was a hard ridge extending backward from the cervix. Conjoined manipulation showed this to be the body of the uterus, the organ being in the second degree of retroversion; and it then occurred to me that the latter (retroversion) might be the true diagnosis of the case. Why? Because the symptoms present might thus be explained. The pain in the iliac fossa, might be due to the dragging of the displaced uterus upon the broad ligament, and the pain extending down the thighs to its pressure upon the sacral nerves, while the passive congestion resulting from the retroversion would explain the leucorrhœa complained of.

But on continuing my exploration of the pelvic organs, I discovered something else. Upon the left side of the uterus there was a mass of considerable size, which was tender on pressure, and the moment that I touched it with my finger the patient exclaimed, "that is the pain I have."

I could, however, readily push it up out of the way; practicing a kind of *ballottement* upon it. On the right side I was not able to make out the ovary at all; nor could I discover anything abnormal there. Finally, I placed the patient on her side, and introduced the uterine sound, in order to make complete the demonstration of retroversion.

Now, what was the diagnosis? Certainly not the same as was at first suggested. To begin at the most important element in it: "Congestion, enlargement, sensitiveness, and prolapsus of the left ovary." Is that the cause of all the trouble? I think so. Then, of course, that is the diagnosis. If it is not the cause of the trouble, then we have made "an error of diagnosis," and retroversion of the uterus will probably be found to be the correct diagnosis. But I take it for granted that the symptoms noted here depend on the condition of the ovary, because in determining affections of internal organs, such as it, we often have to depend on a process of exclusion. What, for instance, might this sensitive mass

by the side of the uterus be if it were not the ovary? A fibroid at once suggests itself. But it is too soft, and also too movable, for a fibroid, unless the latter had a long pedicle. It is a well ascertained fact, however, that fibroids with long pedicles are, as a rule, by no means sensitive. But suppose, in spite of all the evidence to the contrary, it were a fibroid with a long pedicle. Many instances are on record of uterine fibroids, with such long pedicles that they have been enabled to rise entirely out of the pelvis, to float in the abdominal cavity, and sometimes to attach themselves, by adhesive inflammatory action, to the liver, spleen, and other distant organs. But if a fibroid of this character, why should it be so sensitive, and give rise to so much pain, and why should this pain always begin to increase three or four days before the menstrual flow, and remain aggravated until the flow ceased? These are questions which cannot be answered satisfactorily. On the other hand, it cannot be a phlegmon, resulting from inflammatory trouble in the pelvis, because it is so movable; such masses of lymph always remaining perfectly fixed.

We conclude, therefore, that this is a case of what is called chronic ovaritis, and no other diagnosis will so satisfactorily explain the symptoms of the patient. When such ovaries are taken out and examined, it is sometimes found that the organ has undergone cystic degeneration; its whole mass having been converted into numerous small cysts, which do not seem ever to have shown any tendency to increase in size. More frequently, however, there is found simply an enlargement of the organ, due to congestion, or perhaps hyperplasia as well.

We come next to inquire what is the cause of the leucorrhœa, and what of the retroversion? It is a fact, which my experience amply attests, that we hardly ever find a case of this kind without a pretty well marked leucorrhœa, and we have Dr. Barnes' authority for saying that a displacement of the uterus, of greater or less degree, invariably exists in connection with such a condition of the ovary. Both are explained by the constant state of congestion in which the uterus is kept by reason of the diseased ovary; the displacement, which may be either forward or backward, being due to the increased weight of the organ causing it to depart from its normal position, and the increased supply of blood to the lining mucous membrane of the uterus giving rise to the leucorrhœa.

The prognosis in this case is by no means good. If you promise such a patient too much she will be sure to become discouraged, and to cast reflections upon you; and if you promise too little, she will not think it worth while to place herself under treatment at all; while she can really be benefited very considerably, if a judicious course is pursued in her case. How, then, are we to treat this condition of the ovary? In the same general way that you would proceed with a neuralgia existing without any assignable cause. In the first place, we should endeavor to improve the condition of the blood, and to build up the general health, which is usually considerably impaired under these circumstances. But something more must be done, for local treatment is unquestionably demanded. Unfortunately, the means at our disposal are not as efficient as could be desired; but, meagre as they are, they should be given a faithful trial.

For three or four days before the menstrual flow commences, as well as during the continuance of the same, this young woman should remain warmly covered up in bed. The bromides often seem to have a beneficial and soothing effect in such cases; and of these I prefer the bromide of ammonium, which may be given freely, with impunity, as much as fifteen or twenty grains at a dose. When she gets up, it would be well for her to wear an elastic pessary, for the purpose of keeping the prolapsed ovary up in position as well as possible; and twice a week, for twenty minutes at a time, the constant current from a battery should be made to pass through the diseased ovary, by placing one electrode immediately over it and the other against the spine. In addition, she should employ very copious and very frequent vaginal injections of warm water, for its soothing effect; and finally, a gentle counter-irritation might be kept up by means of compound tincture of iodine, painted over the region of the ovary.

The result will not be encouraging; but these are the best measures for the relief of such a case as this with which I am acquainted. I would not expect to cure the patient in the course of a year; but I think by the end of a year of treatment she would, in all probability, be greatly improved. Very often you will find that patients who suffer in the way that this young woman does have been subjected to cutting operations about the uterus, under the idea that the cervix was at fault; but, of course, all such procedures are futile under the circumstances, and I shall have something more to say in regard to their inappropriateness in connection with the next case. You observe that I have advised quite a number of measures for the relief of the patient; no less than five altogether, in addition to building up her general health and enjoining perfect rest before and during menstruation, viz: warm vaginal injections, the wearing of a pessary, bromide of ammonium, galvanism and counter-irritation. This is because they are all so comparatively inefficient; but any one of them is less valuable than all combined.

I regret to say that the next patient whom I had hoped to show you cannot be persuaded to come before the class. Her case, however, is identical with the one which you have just seen, with this exception, that the cervix uteri has been widely slit open, no doubt for the purpose of relieving the dysmenorrhœa present. It did not do any good, for the reason that incision of the cervix is not a good way of treating chronic ovaritis, which is the real difficulty here, as in the preceding case. The operation was simply a blunder on the part of the surgeon performing it; and yet it is so often done in these cases that I feel called upon to specially warn you against it. Such a mode of procedure, under the circumstances here present, is not only useless, but absurd, and only tends to bring a very good operation, in its proper place, into disrepute. Of course, the idea with which it is performed is to enlarge the cervical canal, so that the

menstrual blood may have free egress; but if a surgeon who contemplated the operation in such a case would take the trouble to make a vaginal examination, he would at once see that the flow of blood was not impeded in the least by any stenosis; as could also be proved by the introduction of the uterine sound. You see, therefore, how irrational the operation is. As well might a plumber, for the purpose of allowing a free escape of water, cut through the walls of a pipe when there was no obstruction of its calibre whatever. The operation, as I trust you now all perceive, can do no possible good unless we have positive evidence there is a stricture somewhere about the cervix.

In the second case of ovaritis the pain is not so circumscribed as in the first, but is spread over a considerable region of the pelvis. This, I think, must be due to a peculiarly hyperæsthetic condition of the nerves of the part, as there is no evidence of pelvic inflammation, in the shape of hard masses of lymph, such as we would have been likely to meet with had the latter occurred.

Case 2.—Sarcoma of the Uterus.

In the next case, as in the first, there is only one symptom of importance, although it is of an altogether different character. The patient's name is Caroline L., and she is a native of the United States. She is thirty-two years old, has been married twelve years, and is sterile. She says that she was in perfect health up to six months ago, when she was taken with a free uterine hemorrhage, not exactly at, but near, the regular time for the menstrual flow. This metrorrhagia has continued up to the present, with the exception of an intermission of a day or two at a time occasionally, but she has never suffered from pain until within the last two weeks. Her general health seems to have remained pretty good; although she suffers considerably from weakness and shortness of breath in going up stairs. The reason of this you can easily see by looking at her face (even if you had not heard the history), viz: loss of blood. As to the amount of the long continued hemorrhage, it is impossible to speak with any accuracy; we can only judge, from her present anæmic condition, that it has been excessive. The patient herself, on being interrogated in regard to this point, at first stated that she thought she must lose a gallon of blood a day; but afterward reduced her estimate to half a gallon a day. Of course, this is preposterous; but you can scarcely trust anybody whatever (not even the most careful physicians) to give a correct account of the quantity of blood lost in any given case, where hemorrhage occurs, as it is one of the most difficult things in the world to estimate. Here the patient is much more likely to have lost two ounces instead of two quarts, a day; but even that daily amount would, as you can see, be something enormous during the course of six months. At all events, the hemorrhage has been so free and so continuous, that she is entirely unable to tell when the menstrual period occurs. The whole history, then, is one simply of excessive loss of blood.

On resorting to an examination, I found, in the first place, that the cervix was greatly hypertrophied, and that its whole surface was very rough to the feel; as though it were covered with little eminences. Then, employing conjoined manipulation, I ascertained that the body of the uterus was also very much larger than normal, and that, in addition, it was bent forward to a considerable extent. When I examined the cervix by means of the speculum, its whole surface was very red, and presented the appearance of granular degeneration, with excessive enlargement. (The patient was now dismissed from the room.)

From the history which has been given, and the condition of affairs found by physical exploration, I feel as positive as I possibly can about anything, that the disease from which this woman is suffering will prove fatal. It is fully five years since we have had a similar case at the clinic, and I have never seen but two others during the whole course of my experience; but the disease is unmistakable when one is once familiar with its characteristics. Why, you may ask, do I call it malignant? But what, I may inquire in return, but malignant disease could cause the condition of affairs and give rise to the symptoms which we meet with here? In every case we must take both the rational and physical signs into consideration. There are several points that occur in connection with this one which it is necessary to dispose of before we can accept positively the diagnosis which, I think, is the only tenable one in this instance.

In the first place, could not the marked enlargement of the uterus be due to subinvolution? Undoubtedly, if the patient had ever been pregnant; but she is a woman of a much better class and much more intelligent than most of those which we meet here, and she is entirely positive that she has never either given birth to a child or had a miscarriage.

Again, there is no sign of fibroid here; for if there were a fibroid in the body of the uterus, there is no reason why the cervix should also be thus enormously enlarged.

Then, in proof of malignant disease, we have the extensive denudation upon the surface of the cervix. In addition, she is now beginning to suffer severe pain, and is growing weaker all the time, from excessive loss of blood, as indicated by the bellows murmur which is heard at the base of the heart, and is due to the watery condition of the blood. I think, therefore, that we cannot come to any other conclusion than that we have a malignant condition to deal with here.

But while nothing but malignant disease could have produced such a condition of the cervix as this, it by no means presents the characteristics (nor is the history of the case that) of cancer. It is an instance of a much rarer form of malignant disease, sarcoma of the uterus.

Sarcoma sometimes attacks the vagina instead of the uterus, and I once had a child, eighteen months old, under my charge, upon one of whose labia majora there was a sarcomatous tumor as large as a hen's egg. This was removed by means of the galvano-cautery; but in six months afterward the mother brought the child back to me with the growth the same size as before. It was again removed, and again returned; but I declined to operate again, as by this time some of the secondary tissue had become involved. It was once more as large as a hen's egg; and in two or three months after-

ward the patient died. The microscope showed that the tumor was a large-celled sarcoma; although this diagnosis had been made from its gross appearance before it was removed the first time. In this case the disease probably commenced in the body of the uterus, and the cervix became affected afterward.

Now, such being the diagnosis, what can we do for this patient? Almost nothing at all—even less than if it were a case of cancer. At first I thought of amputating the cervix, in order to control the hemorrhage more completely; but now, on maturer deliberation, I hesitate to adopt such a procedure, because the body of the uterus is also undoubtedly implicated in the disease. By so doing, we would expose the patient to the dangers of a capital operation, and yet still leave a large portion of diseased tissue entirely untouched. This question of operation is the only one of much importance in connection with the treatment; and on the whole, it now seems to me unadvisable. If it is not performed, a speculum should be introduced, and either chromic or chemically pure nitric acid applied thoroughly to the whole surface of the cervix. This would have the effect of destroying the superficial vessels, and thus checking hemorrhage; and the application should be repeated whenever the hemorrhage returned. Some prefer strong sulphuric acid; but I do not think it as useful as either of those mentioned. But, whatever method of treatment is adopted, the case is entirely hopeless.

Case 3.—Vesico-vaginal Fistula.

Our last patient to-day is Johanna O'D., a native of Ireland, and forty years of age. She has been married eighteen years, and has had nine children, but no miscarriages. Her last child was born four months ago.

Were all your children born at full term, Mrs. O'D.? "Yes." Did you ever have any trouble at the time of their births? "Yes. I have always had a very hard time of it when my children were born." How long do your labors usually last? "Always three days and three nights." Has the doctor ever had to use instruments in order to deliver you? "Yes; twice." Is the child that you had four months ago living? "No; it was stillborn." Now, how long have you been complaining? "For four months." (That is, as you will notice, ever since her last labor.) What has been the trouble? "My water keeps passing away from me all the time." How soon after labor did this trouble commence? "Two days after." Then for two days you passed your water naturally? "No. I did not pass any water at all for two days; and then it commenced to come away from me as it does now."

Now, here is a woman who has always enjoyed good health up to four months ago, except that she has had considerable difficulty in childbirth. This is probably due to some narrowing of the pelvis, as she says she always remains three days and three nights in labor. Ever since her last confinement, four months ago, she has suffered from an involuntary escape of urine.

On making a physical examination, we find that the lower part of the abdomen, the nates, the vulva, and a large portion of the inner surface of the thighs, are all denuded of epithelium, and that immediately anterior to the cervix uteri there is a solution of continuity in the roof of the vagina, through which the finger can pass directly into the bladder. A person not accustomed to making physical explorations in such cases, however, might possibly not have entered the bladder, as he would have found what is apparently a little soft polypus just at the spot mentioned. But this polypus is nothing more than a portion of the anterior wall of the bladder which has actually prolapsed through the opening in the posterior wall. Of course, if the bladder was full, such a condition of affairs would be impossible; but as, on account of the leakage here, this patient's bladder never is full, we have such a prolapsus occurring. It is not uncommon, when the fistula is large, to have the anterior wall protruding to such an extent that it looks like a tomato, through the speculum. It is undoubtedly an inexcusable blunder to remove a portion of the prolapsed bladder, under the impression that it is a polypus; and yet this has actually been done more than once.

Of course, the diagnosis is plain enough here. The case, however, is a somewhat more serious one, on account of the vesico-vaginal fistula being so close to the cervix uteri, than if it were at some little distance from it, since in any operation that is undertaken for its repair it will be necessary to pare a portion of the uterus itself. If there was any space between the fistula and the cervix, it would be a perfectly simple case.

Now, in regard to the etiology of this lesion, was it the forceps that did the mischief? On the contrary, I will venture to say that it was the absence of the forceps. It is exceedingly rare for this instrument to give rise to vesico-vaginal fistula, and even the operation of ovariotomy very seldom causes it. When this is the case, the fistula heals up immediately, without the slightest difficulty. When such a fistula results from scarlatina, however, it never closes without operative interference; and that is the case with the kind of fistula which is present here. Let me show you, by way of an illustration, how these fistulæ occur. There is a patient, for instance, with a broken thigh, who is obliged to lie on his back for a long time continuously, on a hard bed. After a while there is interference with the circulation at the point of greatest pressure, and a local death takes place there, in consequence. Presently, a piece of tissue sloughs off from the part, and then there is a bed-sore to annoy the negligent surgeon. In a critical case a large bed-sore will sometimes decide its issue against the patient. Now, what we may call a bed-sore occurs in the same way in the wall of the bladder, in certain cases of parturition, on account of the long-continued compression of the tissues between the bones of the pelvis and the child's head. The pressure under these circumstances is enormous, and in this case, as you have heard, it was kept up for three days and three nights. Consequently there was a slough formed, which came away in two days after the termination of the labor, and left the fistula which is still giving the patient so much annoyance. Of course, the urine should have been

drawn by means of the catheter, but the fact that the catheter was not employed, although there was retention for two days, did not, I think, have anything to do with the causation of the fistula. The period of time after parturition at which the sloughs come away in cases of this kind varies very greatly, and there is one well-authenticated instance on record in which this did not take place for thirty days. Fortunately, the prognosis is always a favorable one; although in the present case, as has been remarked, the operation will be more difficult than usual, on account of the proximity of the fistula to the cervix.

AMERICAN MEDICAL ASSOCIATION.

THIRTIETH ANNUAL MEETING.

SECOND DAY.

The Association reconvened at 9.30 A. M., and was called to order by Vice President Murphy. There was a full attendance, in spite of the rain. Communications from the Committee on Arrangements were in order, and several announcements were made.

A communication against the abolition of the duty on quinine created some sensation. There were cries of no! no!

The communication was tabled, and on motion of Dr. Roberts, of Nashville, the Association reiterated its request that Congress remove the duty from quinine. There were some nays, but the ayes had it. The next business was the address of Dr. Thomas F. Rochester, of Buffalo, N. Y., chairman of the Section on the Practice of Medicine. Dr. Atkinson, of Philadelphia, moved that the address just read be referred to the Section on Practice of Medicine.

An amendment, that portions of the paper referring to typhoid and yellow fevers be referred to the Section on State Medicine, was lost.

The original motion was adopted.

An address by Dr. John S. Billings, of Washington, was next in order, but President Parvin stated, with regret, that Dr. Billings was too unwell to read his own paper, but that it would be presented by Dr. J. J. Woodward, of the United States Army. The paper was on state medicine. It was a masterly treatment of a subject whose importance is just beginning to loom before the public. It explained fully the philosophy of the National Board of Health, and as it came from one of its leading members, was heard with great interest. The necessity for a national quarantine, and its advantages, were fully expounded.

The paper was referred to the Section on State Medicine, and a copy asked for publication.

Dr. N. S. Davis, of Chicago, made a report from a special committee on questions discussed by President T. G. Richardson, in his annual address of last year, which was received. They favored the amendments proposed for the present rules on prize essays. They recommended the expunging from section 3 all relating to prize essays, and to insert a clause declaring that there shall be four prizes of $250 for the best original contributions to medical knowledge. The chairmen of the Sections on Practice of Medicine, on Obstetrics, on Surgery and Anatomy, and on State Medicine, shall take charge of the competition and arrange its methods. The report was to lie over for action until next year, under the rule.

It was received, and the committee discharged.

The next business was the consideration of proposed plans of change in the plan of organization. The first was an amendment declaring that the Committee on Nominations should hereafter select the nominees only from those members of the Association present.

A motion to table this amendment was made.

The President stated that only delegates were voters. Permanent members and visiting members are not voters. A rising vote was called for. The yeas on the motion to table were 120, and the nays 5.

Dr. H. O. Hitchcock offered an amendment prescribing the method in which the choice of officers should be made, and enlarging the scope of nominating powers of the committee.

Dr. Reynolds, of Louisville, said the amendment implied an imputation on the fairness of the previous methods of the Association, and it was tabled.

An amendment by Dr. Caldwell, of Maryland, to create a new section, was tabled. An amendment offered by Dr. Maddox, to create a new section, on genital and urinary organs, was read. A motion to table it was made and a rising vote on it asked. The yeas were 73 and the nays 78. Applause. The amendment then came up for discussion. Dr. Davis said there was danger of making many sections which would not attract enough attention to make them interesting. But two sections had been consolidated yesterday, and he favored the trial of the new section proposed. If it did not work well it could easily be discontinued. He did not like the practice of some men, going about from section to section, trying to imbibe all without imparting anything.

Dr. Brown, of Texas, said the sections had too many long papers, and were not made as interesting or as useful as they might be.

It was moved that the amendment be referred to the Section on Surgery, with request that it report to the Association to-day. Agreed to.

Dr. N. S. Davis, of Chicago, offered an amendment to the code of ethics, declaring it to be against the ethics of the profession for any physician to teach or encourage any student of an irregular or exclusive system of medicine.

Dr. E. S. Dunster, of Ann Arbor, spoke in opposition to the amendment. He said he had no personal motive in opposing it, or any desire to shelter himself from the responsibility of any past teaching. He said he wished to remain in the Association, but not even membership would be a fitting price for the abandonment of scientific convictions. He feared the amendment would bring dishonor and disaster on the profession. The code says medicine is a liberal profession, but this amendment makes it close and exclusive. The whole spirit of the amendment is opposed to the broad principles of true science. He attacked the amendment on various grounds. Said it was impossible to enforce such a statute. It would be a dead-letter law, a reproach to the wisdom of the body that enacted it. A thorough enforcement of this law would close every clinic in the land. In nearly every

clinic, in large cities, are found homœopathic students. He said in the leading homœopathic colleges text books by leading allopaths are freely used. This is teaching the students of an "irregular" system, as it is called, and you can't help it. Legally, the amendment will be futile. If the student of an irregular system, as it is called, were to apply to a State school and be refused, he could obtain a mandamus in any State of this Union to give him an entrance and provide him tuition. What is the use of setting up limitations which cannot be carried out? He argued also on the merits of the question. It is based on an assumption of a most fallacious character. It assumes that the teaching of the students of irregular systems will tend to build up these systems. This is folly. It declares that the teachings of science lead to error—a proposition which no man in his senses will give his endorsement. Such a principle carried out would prevent a minister of Christ from preaching the gospel when there were atheists or sinners in his congregation. History has to-night nothing plainer than that truth is the antidote, and finally the victor, of error. The argument was not only masterly in its logic, but was marked throughout by a liberality of view, which is the honor of a true scientific man. Said he: "If national medicine cannot triumph in such a contest, she deserves to fall and be buried in dishonor." [Applause.] The address caused a sensation in the Association.

Dr. Dudley Reynolds moved to lay the amendment on the table; he said it had been killed.

A member appealed for free discussion on both sides. A voice: "The gentleman who moved to table the motion only a moment ago was for free discussion." [Laughter.] The motion to table was withdrawn.

Dr. Davis said he did not wish to discuss the matter, but he would state the reasons which led to the report which proposed the amendment. The Association had taken the steps which made the amendment a necessary result of its action. The judicial council, as a committee, was ordered to report just such a clause. The amendment was the best that could be done. It did not follow that the committee favored the amendment. He said it would be repugnant to him to teach students of an irregular college, who merely came in to catch what they could of his teaching. He admitted that there was a line beyond which the code of ethics could not be carried, without coming in contact with State and municipal laws.

Doctor Pratt said the argument against the amendment was specious. It was the argument of those who wanted to make money by teaching irregular pupils, and be considered ethical, while practitioners are considered non-ethical if they associate with such pupils after they become practitioners. He moved that the proposed amendment lie on the table until next year.

Dr. Brodie, of Detroit, moved to lay that motion on the table. The vote was taken by rising. The yeas were 72 and the nays 122; so Dr. Brodie's motion was lost. The announcement was received with applause. The motion to table till next year was carried.

The roll of States was called, for the purpose of allowing delegations to choose places where they would meet to choose members of the Nominating Committee.

After this was done, the Association adjourned.

THIRD DAY.

Dr. N. S. Davis, of Chicago, offered a brief but pointed report on ozone, which was referred to the Committee on Publication.

The report on necrology was presented by ex-President J. M. Toner, of Washington.

The report on the Catalogue of the National Library, by Dr. H. C. Wood, of Pennsylvania, was received. It stated that Congress had been induced at last to publish two of these valuable works.

Dr. Woodward, of the army, thanked the Association for the warm support it had given his colleague, Dr. Billings, in his efforts to complete a great and necessary work. The report was referred to the Committee on Publication.

Dr. Atkinson, the Secretary, presented the report of the Committee on Publication, which stated the entire work of that committee for the past year. The report was received and disposed of as those above.

The Treasurer's report was next read, and referred to the Committee on Publication.

The Librarian's report was also read, and referred to the same committee.

The next business in order was the presentation of a paper on state medicine, which Dr. Chaille, of New Orleans, had read in the Section of State Medicine, Tuesday afternoon. Dr. Chaille appealed for the thorough establishment of a sound system of state medicine, in which the general government should regulate without interfering with any necessary powers of the State. He argued that it lay in the power of the American Medical Association to effect the reforms needed in the present condition of state medicine. In England, state medicine is easily and judiciously regulated by the influence of the British Medical Association on one central legislative power; while in America this power must be frittered away on the local legislatures of forty-eight states and territories. He argued for a more permanent organization in minor medical societies, and the consequent increased efficacy of the American Medical Association. The paper was pregnant with theoretic principles, strengthened by sound practical suggestions.

Dr. Moses Gunn, of Chicago, Chairman of the Section on Surgery and Anatomy, delivered an address on the most advanced theories on the question and the discoveries of the true nature of "pus," in all of its various exhibitions.

The paper was referred to the Section on Surgery.

Dr. S. D. Gross, of Philadelphia, announced that the Committee on Nominations was ready to report. The following report was then received through the Secretary of the Committee, Dr. Eugene Grissom, of North Carolina:—

The Committee on Nominations present the following nominations:—

President—Dr. Lewis A. Sayre, of New York.

Vice Presidents—

First. Dr. R. Beverly Cole, of California.

Second. Dr. E. M. Hunt, of New Orleans.

Third. Dr. H. O. Marcy, of Massachusetts.

Fourth. Dr. F. Peyre Porcher, of South Carolina.

Treasurer—Dr. R. J. Dunglison, of Pennsylvania.

Librarian—Dr. Wm. Lee, of District of Columbia.

Committee on Library—Drs. Johnson, Eliot, of District of Columbia.

Assistant Secretary—Dr. Walter Gillette, of New York.

Next place of meeting—New York.

Committee of Arrangements—Drs. L. O. Vanderpoel, Stephen Smith, William M. Polk, Robert Weir, Charles I. Pardee, A. A. Smith, T. F. Sabine, of New York; Joseph Hutchinson, of Brooklyn; M. H. Burton, of Troy; and Dr. Parker, of Poughkeepsie.

Committee on Prize Essays—Not yet appointed.

Committee on Publication—Drs. W. B. Atkinson, T. M. Drysdale, A. Fricke, S. D. Gross, Caspar Wistar, R. J. Dunglison, of Pennsylvania; and William Lee, of District of Columbia.

The following nominations for chairmen and secretaries of Sections of 1880, are reported:—

1. Practice of Medicine, etc.—Dr. J. S. Lynch, of Maryland, Chairman; Dr. W. C. Glasgow, of Missouri, Secretary.

2. Obstetrics, etc.—Dr. Albert Smith, of Pennsylvania, Chairman; Dr. Robert Battey, of Georgia, Secretary.

3. Surgery and Anatomy—Dr. W. T. Briggs, of Tennessee, Chairman; Dr. J. Powell Adams, of Minnesota, Secretary.

4. State Medicine, Medical Jurisprudence, etc.—Dr. James F. Hibbard, of Indiana, Chairman; Dr. T. F. Wood, of North Carolina, Secretary.

5. Ophthalmology, etc.—Dr. Bolling A. Pope, of Louisiana, Chairman; Dr. Eugene Smith, of Michigan, Secretary.

6. Committee on Necrology—Dr. J. M. Toner, of District of Columbia, Chairman.

The next business was the reading of an address by Dr. E. S. Lewis, of New Orleans, Chairman of the Section on Obstetrics, etc.

The paper was referred to the Committee on Publication.

The next business was the consideration of Dr. Seguin's report on the metric system. The Doctor made a few remarks in support of his resolutions. They are as follows:—

Resolved, 1. That the American Medical Association adopts the International Metric System, and will use it in its Transactions.

2. Requests that those who present papers at its future meetings employ this system in their communications, or reprints thereof.

3. Requests the medical boards of the hospitals and dispensaries to adopt the metric system in prescribing and recording cases; and that the faculties of the medical and pharmaceutic schools adopt it in their didactic, clinical or dispensing departments.

4. Requests the physicians familiar with the metric system to help their confreres and the druggists in its application; and the delegates present at this session to work up the acceptance of the metric system by their respective county and State societies.

5. Requests our President to name a metric executive committee, of which he shall be the ex-officio chairman, and whose task will be to give unity and rapidity to this metric movement.

On motion they were adopted.

Dr. Chaille, of New Orleans, offered a resolution that Congress be petitioned to allow any student of scientific pursuits to import free of duty any one book for his own use. Adopted.

Dr. Brodie, of Detroit, referred to Judicial Council a query as to the propriety of the use of patent medicines, and a resolution declaring such use against the code of ethics.

Some amendments were laid over to next year.

FOURTH DAY.

The Convention met at 9.30, A.M., and was called to order by President Parvin.

Communications from the Committee of Arrangements were read.

Reports from all the five Sections were read.

A resolution passed by the Section on State Medicine, looking to the thorough organization of State Societies, and prescribing stricter rules for admission into the American Medical Association, was passed.

A communication from the California Medical Association, pressing the necessity of a national quarantine, was read and referred.

The President appointed the following committees:—

To represent the Association abroad—Drs. Seguin, Yandell, Da Costa, Gunn, Turnbull, Warren, and J. T. Hodgson.

Delegates to Canadian Association—Dr. H. Hutchins, Dr. W. Brodie.

On Dr. Chaille's resolution on Public Hygiene and its regulation by Congress—Drs. Pratt, Davis, Garcelon, Gross and Bell.

The Committee on Nominations reported their work complete, and presented the following report:—

Time of meeting—First Tuesday in June, 1880. Place—New York.

Committee on Prize Essays—Drs. Austin Flint, Chairman; Alfred C. Post, Joseph Hutchinson, J. W. S. Gouley, Montrose H. Pallen.

Members of Section on State Medicine, Public Hygiene, etc.—Drs. W. H. Hawkins, Arkansas; Jerome Cochrane, Alabama; W. F. Cherry, California; C. Dennison, Colorado; C. A. Lindley, Connecticut; Wm. Marshall, Delaware; Thos. Antisell, District of Columbia; J. P. Wall, Florida; J. P. Logan, Georgia; S. Brandeis, Kentucky; S. E. Chaille, Louisiana; A. P. Snow, Maine; T. B. Evans, Maryland; H. I. Bowditch, Massachusetts; H. B. Baker, Michigan; C. N. Hewett, Minnesota; Wirt Johnston, Mississippi; H. H. Mudd, Missouri; J. Black, Nebraska; G. P. Conn, New Hampshire; D. O. English, New Jersey; A. N. Bell, New York; J. C. Walker, North Carolina; J. C. Reeve, Ohio; H. Carpenter, Oregon; Benjamin Lee, Pennsylvania; E. M. Snow, Rhode Island; R. A. Kinlock, South Carolina; Dr. T. A. Achison, Tennessee; H. W. Brown, Texas; F. D. Cunningham, Virginia; L. C. Butler, Vermont; E. A. Hildreth, West Virginia; J. T. Reese, Wisconsin; Joseph R. Smith, United States Army; A. L. Gihon, United States Army.

The Committee also reported regulations for printing the proceedings of the Association and the deposit of its funds.

The address of Dr. Hermann Knapp, of New York, the Chairman of the Committee on Ophthalmology, was next in order. The address was referred to the Committee on Publication.

The Committee on Prize Essays reported only one essay for a prize. This was written by Dr. A. McLane Hamilton, of New York, and was on the subject of Primary and Secondary (local) Degeneration of the Lateral Columns of the Spinal Cord. The Committee highly commend the essay, and recommend that a prize of $100 be awarded for it. An essay on "Explorations in Physiology" was highly commended, but the second prize was withheld.

Dr. N. S. Davis, of Chicago, said it gave him peculiar pleasure to offer one resolution. He then read a resolution of thanks.

The resolution was adopted by a unanimous rising vote of the Association.

The last business in order was the installment of the new officers.

Dr. Louis A. Sayre, of New York, the President elect, came forward, and Dr. Theophilus Parvin, of Indianapolis, the retiring President, addressed the body in a few well chosen words. He was followed by Dr. Sayre, and the meeting then adjourned.

Editorial Department.

Periscope.

Treatment of Internal Aneurism.

On this subject Dr. M'Call Anderson said, in a paper before the Glasgow Clinical Society, he would refer to three methods of treatment—1. That known as Tufnell's method. 2. The treatment by iodide of potassium; and 3. That by galvano-puncture. Tufnell's treatment, which was not original, but only a modification of Valsalva's plan, was to enforce the most absolute rest, with a starvation diet limited to ten ounces of solids and eight ounces of fluids in the twenty-four hours. Dr. Anderson then narrated a case of thoracic aneurism, showing the very marked improvement which had resulted from carrying out this plan of treatment. He would recommend that fluids should be sparingly drunk, and also the food should be very moderate in quantity, partly to avoid derangement of the digestive organs, and partly to prevent the augmentation of the volume of blood. But a starvation diet he did not approve of, and he believed that it would do more harm than good. The iodide of potassium treatment was introduced by Nélaton and Bouillaud, in 1859. In 1862, Dr. Chuckerbutty brought it prominently before the profession in the *British Medical Journal*; and more recently Dr. Balfour had given it a most thorough trial, his first case being treated in 1867. Dr. Balfour had expressed a very high opinion of it. He said, in his work on "Diseases of the Heart and Aorta," (p. 368), "When we find a drug relieving suffering, mitigating every other symptom, and restoring capacity for exertion when lost, and that not occasionally, but in every case in which it has been fully tried, all who know anything of aneurism will agree with me, that it must be a remedy deserving of the fullest confidence." In some cases of aneurism the disease was simply traumatic, but in the majority there existed degenerations of the coats of the vessel, such as are apt to occur in advancing years. There could be no doubt, however, that the disease was also sometimes syphilitic in its nature, and this was believed to be one reason why soldiers were so often the subjects of aneurism. Now he supposed they were all agreed that if there were reason to suspect a syphilitic basis, iodide of potassium was essential; and in most cases, if not in all, it relieved uneasiness and pain in a remarkable way. This was partly due to the fact that it diminished the heart's action, and lowered the blood pressure; it also sometimes acted as a diuretic, thereby diminishing the volume of the blood, allowing the aneurismal sac to contract, and thus taking off the pressure from the nerves implicated. But that it mitigated every symptom in every case, as Dr. Balfour held, was a different matter altogether, and he did not think that this sanguine view was ever borne out by Dr. Balfour's own published cases. Dr. Anderson then narrated two cases of thoracic aneurism, in which, after the failure of other remedial measures, including the use of iodide of potassium, in doses of half a drachm, three times a day, for five or six months, he had resorted to electrolysis. The one case (already published) was the first he had operated upon in this way; and, although the woman had died from rupture of the aneurism into the pleura, owing to her own subsequent recklessness, the relief to the patient was very great, and she had engaged in arduous work for more than a year after her dismissal. The preparation already shown to the Society (January 20th, 1874), and included in the collection of specimens at the present meeting, presented evidence of complete consolidation. The other case was that of a man, still alive (who was examined in one of the side rooms by several of the members and visitors, before the discussion began). He had been treated in the Western Infirmary, by galvano-puncture, about fifteen months ago; the tumor, formerly bulging in the third left intercostal space, had now nearly disappeared, and the presence of the aneurism could scarcely be recognized; the patient, too, said that now "he would not know that anything was the matter" with him. As regards galvano-puncture, he limited himself to mentioning the rules which at present guided him in carrying it out. First, as to the

battery. He used Stohrer's large-celled continuous current battery, with two drachms of a claret-colored solution of chromic acid added to the charge in each cell, as recommended by Althaus, to increase the chemical effects. The needles were insulated to within half an inch of their points by a coating of vulcanite; they must be very sharp, with angular points, and the greatest care must be taken that there was nothing like a shoulder at the point where the vulcanite commenced. He preferred the positive pole, the clot being firmer than that formed at the negative pole. In every case, immediately before the operation he tested the battery with white of egg. A great injury might be done by too strong a current, or using it for too great a length of time. He generally employed from four to eight cells, and never continued the operation longer than an hour; but there was no hard and fast rule as to this point. They must not look for an immediate result; in fact, for the first few days the symptoms might appear to be worse, instead of better. The treatment was applicable only in the minority of cases. Where the aneurism was high up, or implicated some of the great blood vessels, he was not quite sure but that the best treatment was distal ligature.

Locomotor Ataxy Simulated by Syphilis.

In an address by Mr. Jonathan Hutchinson, in the *British Medical Journal*, he writes—

Under the term locomotor ataxy we recognize a condition of liability to nervous disorder, one of the most conspicuous symptoms of which is a failure of the power of muscular co-ordination in the lower extremities. It is clear that this symptom is only one part of the malady, for the patient is liable to other and quite distinct forms of paresis. He may become blind, may have ptosis or ocular paralysis, and is liable to severe attacks of disturbance of the abdominal organs. The pathology of the malady is to a certain extent made out, and to some extent is yet obscure. It seems clear that low forms of chronic inflammation, leading to permanent degenerative changes in the posterior columns of the cord, occur; and that these processes, once initiated, tend to spread in certain definite paths. It seems clear that the vasomotor system is often much involved. We do not, however, yet fully understand the bond of connection between the different groups of symptoms; nor do we know the special causes by which they are produced. It seems probable that a variety of causes may in turn or together take shares in producing this curious and very common malady. Now, one of the most remarkable facts in the history of syphilitic simulation is, that all the phenomena of locomotor ataxy may be, and often are, closely imitated. So close is this imitation, that it becomes one of the most difficult tasks in diagnosis with which I am acquainted, to distinguish between them. Case after case comes under my observation, with the suggestion that the patient is suffering from a syphilitic taint, and I find that all the symptoms range themselves under the head of ataxy. The small and sluggish pupils, the feeble bladder, torpid bowels, the amaurosis, the ptosis and failure of ocular muscles, th stabbing pains, the defective sensation in the fe and diminished coördinative power, the whol group of symptoms, not omitting the abdomin crises, all are there, and yet all are remediabl to some extent, if not wholly, by specific trea ment. Excepting in the facts as to history, an in the effect of specifics, there is little or nothin upon which to base a differential diagnosis Whatever may be the parts attacked in non-spe cific locomotor ataxy, and whatever is the ten dency as regards local spreading, it is clear tha syphilitic disease may affect the same parts, may spread in the same directions, and may produc precisely similar results. If the question be put is there really any non-specific type-form of lo comotor ataxy? is it not rather probable tha the name is given solely to the results of serpigi nous syphilitic changes in the nervous centres? we must, I feel sure, answer it definitely in the negative. It is probable—nay, it is certain—that the disease may begin independently o syphilis; and notwithstanding the frequency o the latter malady, probably not more than hal of those who become the subjects of ataxy have ever had it. It is certain, then, I repeat, that we have, side by side, two maladies almost exactly alike, one specific and the other not so. It may be asked further, whether, in the cases in which ataxy happens in syphilitic persons, it is not yet probable that the ordinary causes are its real producers, and the syphilis merely an accidental concomitant. To this, again, a decided negative answer must be given as regards, at any rate, a considerable proportion of cases. They are really syphilitic, and are curable only on that hypothesis. On this point valuable evidence has been produced by M. Fournier, of Paris, who has published several remarkable cures by the iodide of potassium, and who urges that whenever the patient has had syphilis this drug should be carefully pushed.

The Diagnosis between Erythema and Mild Scarlatina.

Dr. W. B. Cheadle writes, in the *British Medical Journal*—

That erythematous eruptions closely resembling the rash set up by the poison of scarlet fever are also produced by other agents, is undoubted. Such are the so-called medicinal rashes which occasionally follow the administration of belladonna, of copaiba, and of quinine. Similar general scarlet rashes have been observed by Dr. Handfield Jones in malarial disorders in children, and by myself in a very marked form in a severe case of tertian ague in a child. But, further, I think there can be no doubt that a scarlatiniform eruption, which is not contagious and not followed by the sequelæ of scarlatina, does arise in various traumatic conditions independently of the scarlatinal poison. I have seen it more than once follow paracentesis thoracis for empyema, after various surgical operations, and in a case almost exactly parallel to the one related by Dr. Braxton Hicks. One of my own children received an injury to the thigh, which was followed by an abscess. There was no external wound; but at the commencement of the suppurative process a

general scarlet rash appeared. It could not be traced to infection; it did not infect others. The rash disappeared in twenty-four hours; it was not followed by desquamation or sequelæ. In such a case, as Dr. Braxton Hicks points out, the introduction of scarlatinal poison from without by inoculation is out of the question. The eruption must be due to the absorption of scarlatinal poison through the ordinary channels, or of septic or deleterious matter developed *in loco*, or otherwise a result of the traumatic pyrexia.

Now, although there are, I believe, no certain and absolute data by which this "surgical erythema," as I am in the habit of calling it, can be at once distinguished from true scarlatina in its slighter forms, yet there are one or two points to be noted in connection with it, which afford some aid toward a correct diagnosis. Surgical erythema, as far as my observation goes, is constantly wanting in certain leading features of typical scarlatina.

1. There is no swelling of the tonsils, no enlargement of the glands, although the fauces may be reddened.

2. The tongue never presents the strawberry appearance. It is furred, perhaps; but the coating has not the whitish or yellow tint seen in scarlatina.

3. The rash is often not universal, but confined to the body and the parts covered by clothes, the face being free. Sometimes it is in more or less distinct patches, with portions of comparatively clear skin between. It rarely lasts more than twenty-four hours, and is never, in my experience, followed by desquamation; it is not sufficiently intense and its duration too short.

Now, these variations from the perfect scarlatinal type are, no doubt, met with in extremely mild cases of scarlatina. They merely narrow the issue by excluding *well-marked* scarlet fever. The decision between surgical erythema and the slighter forms of scarlet fever can only be arrived at by the additional evidence, by the history and symptoms. Not unfrequently a positive conclusion is impossible, and the only safe practice is to isolate such cases, at any rate for a time.

Nature of Hydrophobia.

A writer in the *Journal de Médecine* gives the following curious case. A woman of highly nervous temperament was bitten by a dog in the right thigh. From that moment she became melancholy and sleepless, and was tortured by the thought that she had not been cauterized; later on she had violent paroxysms, attempted to commit suicide several times, and was extremely emaciated and feeble. The sight of dogs filled her with horror, she could not swallow liquids, had violent pain in the throat, and tried to strangle herself. The treatment had to be adapted to her mental state. The wound was cauterized, and she herself fed by the bowels, having chloral administered three times daily after each meal. It proved highly successful. We see by this case how difficult it often is to ascertain the exact duration of the stage of incubation in hydrophobia. Here the outbreak of the disease seemed to follow close upon the bite. It may also tend to show how easily any particular method of treatment which may have been hit upon by chance may obtain unmerited reputation and success. A medical practitioner, Dr. Anderson, has been led, by this case of mania, to add a third class of rabies—viz: rabies ending with mania—to the two previously known classes of rabies vera and rabies falsa. According to his theory, hydrophobia is a proteiform neurosis, which does not manifest itself with equal force in all cases; it has more affinity with tetanus and eclampsia than with virulent diseases, and is caused by excitement of the peripheral nerves.

Objections to Milk as Food.

At a meeting of one of the branches of the British Medical Association, Mr. Gay read an indictment of milk as food. He pointed out that milk, when once exposed to the air and at rest, underwent a series of chemical changes, through the influence of external and internal agencies, which ensued in its degradation and decay, its last stage being that of a limpid fluid, mainly composed of water, salts, and acids, among which figured the lactic, butyric, caprionic, and capriolic. In this downward career it was varied by becoming the *habitat* of broods of vibriones of different kinds, and according to Prof. Lister, of a certain bacterium—the *Bacterium lactis*—and by certain carpetings of its surface by oïdium and other varieties of mould. If treated with yeast and well shaken at an early part of its history, mare's, and perhaps other, milk might be converted into an "exhilarating" and, it was said, a therapeutic agent—koumiss. Could it be affirmed, in the face of these allegations against milk, that, after the period of lactation, it was suited as an article of human food? Of the products of the decomposition of milk, some were believed to be actually injurious when taken into the organism—such as lactic and butyric acids; while others, if less hurtful, were certainly not elements of food. On the other hand, in the absence of any positive knowledge as to the source of the various exanthems, measles, scarlatina, and the like, characterized by fever, and, without doubt, related to some form or forms of blood-poison—disorders that abounded mostly after dentition, and when milk was often the predominating, if not the sole, article of food—was it unreasonable that we should turn with suspicion to these unwholesome ingredients of decaying milk for their explanation?

On Morbus Coxarius.

The following propositions in regard to this disease are maintained by Dr. H. McNaughton Jones, in the *British Medical Journal*:—

Morbus coxarius is a disease which in a large number of cases has a purely constitutional or strumous origin, and may occur without any injury, or from so slight a shock to the joint that we cannot, strictly speaking, assign the term traumatic to it.

Aspiration, to be successful, must be performed in the earlier stage of effusion or of pus formation, and hence the importance of detecting the

first sense of fluctuation, and watching closely the symptoms of approaching abscess in or about the joint.

Though we may be guided by the situation of the sinuses, yet it is extremely difficult, by means of the probe, to ascertain the extent of the joint implication; and in those cases where sinuses form, and suppuration has occurred without accompanying symptoms of waxy degeneration, the propriety of excising the head of the bone should be considered, and the earlier this step is taken, when once the necessity for it is foreshadowed by the urgency of the case, the better.

The Treatment of Albuminuria by the Inhalation of Oxygen.

At the meeting, on January 8th, of the Société de Thérapeutique, M. Dujardin-Beaumetz read a paper on a case of albuminuria, in which the albumen had entirely and rapidly disappeared after some inhalations of oxygen. The patient had reached the last stage of the disease; every diuretic had been employed, but without success, when inhalations of oxygen were resorted to. The albumen disappeared within the following twenty-four hours, and had not reappeared since. Twelve days had elapsed, and the author wished to know if similar cases had been observed before, and if his treatment might be considered as attended by permanent success.

A discussion having been raised on the subject, it was remarked that similar cases had been known to occur, only the effect of the cure had never been permanent, the albumen generally reappearing after two or more months.

The Contagion of Yellow Fever.

At a recent meeting of the London Epidemiological Society, Mr. Lawson, Inspector General of Hospitals, stated that from his observations on the subject a factor of very extensive operation becomes active from time to time, determining the production, in suitable localities, of emanations the immediate cause of the disease. Such localities may be on shore or in ships; in the latter the source of the disease may continue active for months, during which they may carry it to distant countries, and there cause yellow fever. At Swansea, in 1865, the disease occurred in persons 150 to 200 yards from the source; and at St. Nazaire, in 1861, a mason, not known to have been nearer the infected vessel than 245 yards, was attacked. A Dr. Chaillou, who visited some of the cases which occurred in one of these outbreaks, died of what was considered yellow fever; but as bilious intermittent of unusual severity was prevailing at the time, and there is nothing mentioned in the details of the case sufficient to separate it from others, it cannot be accepted as a case of yellow fever, or as showing a power of transmission from man to man which was not displayed in any other instance on this occasion. Porous materials, such as clothing, etc., may undoubtedly imbibe a quantity of the emanation if exposed to places where it is generated, and some American authors state that when a box of such articles, packed in a yellow fever locality, has been opened at a distance, that disease has sometimes been excited among those present. The general impression in yellow fever localities, however, is that the disease produced by the quantity carried in the ordinary clothing is infinitesimally small. There is no evidence to show that persons laboring under yellow fever, or the bodies of those who have died of it, give off a poison capable of exciting the disease. Should the emanation from a ship with a source of yellow fever on board, or fever fomites, meet with a suitable locality on shore, can it fructify so as to produce a fresh focus of the disease giving rise to a similar emanation? Many believe it can, but to establish the point it is necessary to exclude the possibility of the disease having arisen at such points under the action of the general factor mentioned above, which at present there are no means of effecting.

How to Measure a Skull.

The following directions are given by Dr. W. H. Flower, F.R.S., in a lecture before the Royal College of Surgeons:—

The length of a skull is measured from the middle of the forehead, above the glabella—the *ophryon*—to the most prominent part of the occipital region. The breadth is the greatest lateral breadth in the parietal region. The cranial index, which is the expression of the relation of the breadth to the length, is found by a simple calculation, the length being taken as 100. When the index is over 80, the skull is called *brachycephalic;* when it is below 75, it is said to be *dolichocephalic;* those between 75 and 80 are *mesocephalic.* The height is the distance between the basion and the bregma. The orbital index is the relation of height to the width of the anterior margin of the orbit cavity. The average in Australian skulls is 82, in European 88, which gives a fair indication of the difference of form in this part in the two races. The nasal index is the relation of the height of the bony framework of the nose to its breadth. The height is measured from the nasion to the lower border of the aperture, or base of the nasal spine. The breadth is the greatest breadth of the aperture. This is one of the most useful of all the cranial indices in distinguishing races. The average nasal index of all races is about 50. Races or individuals in which the nasal index is from 48 to 52 are called *mesorrhine;* those in which the index is below 48 are *leptorrhine*, or narrow nosed; those in which the index is above 52 are *platyrrhine*, or broad nosed. To this latter category the Australians belong, the average index of their nose being 57. The condition of the frontal suture should always be observed in examining a skull. In its early stage, the frontal bone is developed in two lateral halves, united by a suture. At the age of two years, this suture is generally obliterated. Sometimes, however, it remains open; indeed, if it be not obliterated during the second year, it generally remains open throughout life. When this suture is permanently open, the skull is said to be *metopic.* Among English skulls, it is found to be open in about one in ten, but in one hundred Australian skulls here and in other museums in this country

there is not one instance where it is closed. In this respect they resemble the anthropoid apes, among which metopism is rare, though among many still lower forms of mammals, as the Ungulata, it is the normal condition.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Cassells, of Glasgow, has undertaken the translation of Professor Politzer's "Lehrbuch der Ohrenheilkunde," at the author's request, and in fulfillment of a promise made to Professor Politzer many years ago. The translation of the first volume into English is well advanced.

——The *Medical Herald* is the title of a monthly journal commenced this month in Louisville, Ky. It is edited by Dr. Dudley S. Reynolds, published at two dollars a year, and promises to be a valuable addition to our periodical literature.

——An abstract of the report of the Special Committee on Croup, of the Illinois State Medical Society, embracing the details of eighty-three cases of tracheotomy, may be obtained from the Chairman, Dr. H. Z. Gill, Jerseyville, Illinois.

——The Minutes of the Medical Society of the County of New York, 1806–1878, have been edited under the supervision of Dr. A. E. M. Purdy, and published by the Society. Part I. of sixty-four pages, carries the reader to 1808. It is a historical record that well deserved preservation by the printing press.

——From Sydney, New South Wales, we receive a shilling pamphlet entitled "Mediums and their Dupes; a complete exposure of the chicaneries of professional mediums, and an explanation of so-called spiritualistic phenomena." The principal author is Dr. Samuel T. Knaggs, and it is to be hoped that this exposure of the commonplace trickery with which mediums fool their dupes will go far toward rendering their business of no value in the Antipodes.

——"The School Garden" is the title of a valuable little work by Prof. Erasmus Schwab, of Olmutz, translated by Mrs. Horace Mann. It is a strong and timely plea for attaching a garden to every school house. Considerations of good health, good taste and refined culture unite in supporting this project, and we sincerely trust that the educators of America will read and ponder well the many and cogent arguments in favor of the scheme advanced by Prof. Schwab. Paper. pp. 92. Published by M. L. Holbrook & Co., New York City. Price 50 cents.

——Messrs. Lindsay & Blakiston, of this city, make an interesting announcement. It is of a series of "American Health Primers." The series will consist of small volumes, on subjects pertaining to Sanitary Science and The Preservation of Health, written by American authors of established reputation, selected with reference to their special knowledge of the subject from previous study, or as private and public teachers. They will be written from an American standpoint, with particular reference to our climate and modes of life. The subjects selected will be of vital and practical importance, and treated in as popular a style as is consistent with their nature, technicalities of language being avoided. Each volume will be illustrated by engravings, when the text can thus be more fully explained to those not heretofore familiar with the structure or functions of the body. The editor of the series is Dr. W. W. Keen. The first volume is "Hearing, and How to Keep it," by Dr. C. H. Burnett. It forms a very neat 12mo, of 150 pages, and although in parts too full of learned terminology, will be instructive to all general readers. The uniform price of the volumes will be 50 cents each, in cloth, and they will be issued about one a month.

——Dr. Charles T. Reber, of St. Louis, has issued, through Geo. O. Rumbold & Co., a small work of 112 pages, to show that what is called malarial poisoning is brought about by paresis of the sympathetic nerve centres from over-excitation by high and long continued solar heat. He speaks, he tells us, from an observation of thirty years of professional life in malarial districts. It is not likely that Dr. Reber will make many converts to his opinions. They are in conflict with many theories which have greater inherent probabilities—the germ theory, for instance—and do not explain many facts so well as that hypothesis.

——A second edition of Mr. Charles Higgins' "Ophthalmic Out-patient Practice" has been published. The book is not only useful for the hospital physician and the student, but is very convenient for the general practitioner, who, while not pretending to the depths of the eye specialty, proposes to treat according to the best rules the ordinary cases of eye troubles he encounters in his practice. The portions we have read of the book have shown much ability in describing the symptoms of such ocular troubles. Published by Lindsay & Blakiston. pp. 116, 12mo, cloth. Price 60 cents.

THE

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THE INCREASE OF PHYSICAL EVIL AND ITS REMEDY.

In the May number of the *Atlantic Monthly* are two articles, the one optimistic in the extreme, pointing out in a cheerful tone and with plenty of "facts and figures," how much better off we are than were the generations of our ancestors; the other article, strange to say, of a very different ring, filled with gloom at the increase of poverty, misery and crime in this and other countries, compared with the almost arcadian happiness of half a century ago.

The same contrast of opinions is apparent elsewhere. At a recent meeting of the Architectural Society of Liverpool, Mr. Boult read a paper showing, or designed to show, that the sanitary condition of that borough, after all the expenditure and improvements carried out, is no better than that of the parish in 1842, before the Local Health Act was obtained, or any of the improvements were effected. This assertion is based upon the statement that the rate of mortality in the borough in the years 1837-41 averaged only 31.5 per 1000, whereas, in the present day, the death-rate for the borough "may be assumed as not less than 35 per 1000; so that the rate has actually increased 3.5 per 1000." Well might Mr. Boult parenthetically exclaim, "such a condition of affairs is most deplorable, very startling, and very discouraging."

Of course, his statistics were attacked, but even the most bitter of his critics, the *Lancet*, is obliged to confess that in the seven years, 1865-1871, the death rate was 34.3 as against 31.5 in 1837-41. All the accounts of the misery, destitution and unhealthfulness of the English lower classes in this present year of 1879, agree in stating them to be in excess of anything known for years.

The same is true of Germany. The wealth brought in from France in 1870-71 seems to have been a part of the hoard of the Niebelungen, the Rhinegold, which, says the old Saga, always carries a curse to its owner. France getting rid of it, has prospered financially and politically, ever since; Germany, getting it, has steadily sunk in finances, and her statecraft is rotten with the infection of socialism and despotism.

Not different is it in Italy, as the most recent statements show. The Provincial Commission of Mantua reports that while in Lombardy, in 1830, there were over 20,000 sufferers from pellagra, twenty-six years later there were over 38,000, and that the number still increases. The report describes the affection as a specific constitutional disease, produced by degradation and misery, and characterized by symptoms of general prostration, desquamation of the epidermis on exposed parts of the body, and subsequent formation of rhagades and bullæ.

It remains, in fact, apparent, that the rapid increase of city populations, the extension of machinery, and the accumulation of material wealth, has, since 1850, outstripped the education of the benevolent instincts, and the means of sanitary improvement. The materialism of science has united with the pandering of the pulpit to sensationalism and mammon, to defeat the growth of the religious instincts; and state medicine, to which we must, after all, look for

the healing of these sores on the body politic, has been too little appreciated, indeed, too much disowned, by both the statesman and the priest, to have had a fair field for its endeavors. This condition of things, we fully believe, is only temporary. Another half century will see state medicine in the position which belongs to it; and the miseries of mankind will be assuaged by knowledge joined to benevolence.

DEMONSTRATIONS OF THE GERMS OF INFECTIOUS DISEASES.

In a recent number of the REPORTER (1144, p. 104), we explained the remarkable discoveries by Drs. KOCH, KLEIN, and KLEBS, of the germs which produce syphilis and pneumo-enteritis. We now announce that the veteran, M. PASTEUR, believes he has discovered those which produce puerperal fever and malignant pustule. His studies were related in a discussion before the Paris Académie de Médecine, March 11th, and are quoted at length in the London *Medical Record.*

The primary organism which engenders puerperal fever, he describes as presenting itself in the form of cells united to each other in series of two, four and six, and each having a medium diameter of two-thousandths of a millimeter.

M. PASTEUR'S researches on malignant pustule have proved to him that the disease was produced by the presence of the bacteridium discovered in 1860 by M. DAVAINE, and this demonstration was made by the application of the method of culture which M. PASTEUR employed in 1857, and which enables him to obtain microscopic organisms in a state of purity—the only means of arriving at certain results. An infinitely small drop of the blood from a case of malignant pustule is taken, and it is sown in the cultivating fluid constituted by a froth of beer yeast; a little drop of this fluid is taken again, and sown in a new medium of the same kind, and so on. Thus the media of culture may be multiplied indefinitely to a certain extent, during years, by the aid of a single droplet of blood taken originally from the case, and one may have always a liquid the inoculation of which in certain animals, such as the sheep or guinea pig, reproduces in those animals malignant pustulæ. If this fluid is filtered through a plaster filter, nothing results from the inoculation of the fluid parts which have traversed the filter, but if the figurate elements which remain on the filter be inoculated, all conditions of the pustular disease are produced. It is the same with the cholera of fowls, and perhaps, with puerperal septicæmia.

Here, then, are two diseases which are infectious in the highest degree, and from the outset of which the theory of germs receive striking demonstration. Why should it not be the same with others? But time and numerous and patient researches are needed, in order to succeed in dissipating the obscurities of a subject of which the study has hardly commenced.

NOTES AND COMMENTS.

Statistics of Insane Hospitals.

In a recent paper, Dr. Conrad, of Baltimore, stated that insane asylum reports show a very large percentage of recoveries, ranging from 60 to 90, and in one case 100 per cent.; while compared with these exhibits the almshouse care and treatment realize only 7 per cent. of recoveries. The data upon which such reputed success has been claimed has been shown by indisputable evidence to be fallacious and untruthful. The error of the asylum reports consists in counting the cases recovered and not the *persons.* Dr. Pliny Earle, superintendent of a Massachusetts asylum, has enumerated instances of this method of computing the ratio of recoveries. One man was discharged recovered seven times in nine years and afterwards committed suicide; another was discharged fourteen times, another twenty-six times, and again a woman was admitted fifty-nine times, and discharged cured, in twenty-nine years, and finally died insane.

Poisoning by Veratrum Viride.

Dr. W. N. Ames, of Miss., writes us—

"In looking over my file of the REPORTER, I discovered that Dr. R. E. Van Giesen, of the New York Path. Society, reported December 3, 1870, MEDICAL AND SURGICAL REPORTER, a fatal case of gastritis, produced by veratrum viride, 10 drops every 3 hours. Also a case, same journal, May 10, 1873, reported by Dr. Madison Marsh, fatal dose of 33 drops veratrum viride."

Precautions in Anæsthesia.

Dr. Chisholm, of Baltimore, has administered chloroform in more than ten thousand cases, without a single serious accident. He always gives a full dose of whisky before the anæsthetic. Another point he insists on is that in suspending the patient by the feet, we have the very best means of exciting and sustaining the vital organs, by sending blood, the natural stimulus, to the important nerve centres; and that what would be otherwise very alarming symptoms during anæsthesia, well calculated to frighten terribly the inexperienced, soon disappear when the patient is placed in an inverted position. His hospital assistants are so familiar with these death-like appearances, and their simple means of correction, that instead of rushing about wildly for fans, hypodermics, batteries and what not, they quietly elevate the feet, hanging the head downward, with the chin pushed back, and confidently await restoration; invariably, one or two minutes produces the desired effect, and the operation can be proceeded with.

Treatment of Piles by Carbolic Injections.

The following rules for the treatment of piles by hypodermic injection of carbolic acid are given by Prof. E. Andrews, in the Chicago *Medical Journal and Examiner*—

1. Inject only internal piles.

2. Use diluted forms of the remedy at first, and stronger ones only when these fail.

3. Treat one pile at a time, and allow from four to ten days between the operations.

4. Inject from one to six drops, having smeared the membranes with cosmoline, to guard against dripping. Inject very slowly, and keep the pipe in place a few moments, to allow the fluid to become fixed in the tissues.

5. Confine the patient to bed the first day, and also subsequently if any severe symptoms appear. Prohibit any but very moderate exercise during the treatment.

The Pulse in Different Races.

A well known anthropologist, Dr. A. Weisbach, of Constantinople, alleges that the rapidity of the pulse beat varies in different nations, within very wide limits. Thus, the pulse of the Congo negro beats but 62 times in a minute, while the quickest pulses are found among the Tagals (80), and the Madurese and Nikobars (84). The Japanese pulse beats 78 times per minute, and the Chinese 79.

It would require a wide range of observation to verify these statements.

The Management of Bow Legs.

At the conclusion of an article in the Maryland *Medical Journal*, Dr. V. P. Gibney mentions the following means for the redressing of bow legs:—

1. Constitutional measures and delays in attempts at standing or walking make up the principal factors in prophylaxis.

2. The mother's thumb and forcible straightening, with or without an anæsthetic, constitute the methods to be employed, while the bones yet possess the quality of springiness.

3. Mechanical appliances are to meet the indications for continuous pressure, elastic or non-elastic, in such cases where the mother's thumb or springing is inoperative, or may be used in combination with the springing.

4. Osteotomy and osteoclasis for such cases as have passed the fourth or fifth year.

The Progress of Therapeutics.

Speaking of the delusive character of many reports of cases, an English writer observes—

Rational therapeutics is to be advanced only by cultivating the greatest exactness in the recording of cases and the estimation of results, and by reasoning cautiously and from wide data—*i.e.*, a large number of cases—and, above all, by observing the most impartial truthfulness in the publication of our experience. Vague statements, and such a *petitio principii* as a "typical case," should be left for advertising druggists; they should have no place in scientific medicine.

"Charcot's Crystals."

These are minute crystalline bodies, found in the blood of patients who have died after suffering from profound and long continued alteration of the blood. At a late meeting of the Manchester Medical Society Dr. Moritz exhibited some specimens of these crystals which had formed after death in a clot taken from the blood of a leucæmic patient. It was not certain what was the composition of these crystals. They were rhombic needles, and apparently consisted of a phosphate of an organic base. They were insoluble in ether, alcohol, and chloroform; soluble in acetic acid and caustic soda.

Fuchsin in Albuminuria.

Some ten cases of chronic albuminuria and anasarca, treated with fuchsin are reported from Paris. M. Bouchut has the credit of the suggestion. The daily dose of fuchsin is from ten to

twenty-five centigrams, continued for a long time, five or six months. There is no danger in this; the albumen diminished rapidly in the urine, and the dropsy disappeared. The treatment is highly recommended.

Correspondence.

Abscess of Liver Opening through the Lungs.

Ed. Med. and Surg. Reporter:—

The following case has several, to me, remarkable and puzzling features:—

Mr. K. L., a farmer 26 years, until July, 1878, enjoyed uncommonly good health. During the month of July he was overheated while at work in the harvest field; on going to a cool spring and bathing freely, was thrown into a chill. He was taken home, and the family physician summoned, who was of the botanic kind. He treated the case from then till January as pneumonia and consumption. On January 21st, 1879, his father asked me to see him. Upon examination I found a dullness on percussion, extending from the fourth rib downward to the crest of the ilium, apparently ascites, and swelling to such an extent that his clothes could not be fastened. He complained of frequent pain in the region of the liver, with corresponding pain in point of shoulder, with a disgust for all kinds of food. Upon lying down, he expectorated freely a dark pneumonic sputa, but upon closer examination I found it to be of a quality similar to the excretion from an abscess. This, with other attending symptoms, I decided to be from hepatic abscess. Coming to this conclusion I prescribed bark, acids and good diet for ten days, when I gave a few good doses of calomel and Dover's at bedtime, to be followed in the morning with cinchonidia and golden seal, the latter partaking of his botanic treatment. The calomel acted as finely as could be expected, producing a copious bilious discharge, and my patient improved right along for a month or more, when he, from some exposure, contracted quite a cold. This seemed to affect the right lung, causing, in my opinion, a closure of the fistulous opening through the lung, and a second filling of the abscess. On its second opening I was called, and witnessed one of his hemorrhages, which to my natural eye alone appeared to be from the liver, containing, apparently, the medullary substance of the liver itself. The quantity expectorated is generally in proportion to the length of time that the patient has ceased to expectorate.

This condition is liable to repeat itself. It generally causes the patient to be greatly depressed so long as the fullness exists. But when the abscess discharges the patient has an upward tendency. At the last time there was any quantity expectorated I saw it, and it had every appearance of there being a full-sized abscess. I suppose I saw not less than twenty ounces; of this quantity, not more than three or four ounces were blood. His pulse is of good volume, never too fast, sometimes as low as 68; breathing good, unless just before there is an emptying of the abscess, which, when full, presses against the lung, forcing it to the apex of the chest on the right side. The opening from the abscess is through the diaphragm, emptying into the bronchia in a line under the right nipple, as traced by the patient himself. His cough troubled him most on lying down and getting up; very little through the day or night. He expectorated freely during the time of the diminishing of the abscess, though of a very healthy pus.

I write the above, asking the opinion of your readers in regard to the treatment of this exceptional case. H. A. Moseley, M.D.

Wartrace, Tennessee.

Rare Form of Mammary Tumor.

Ed. Med. and Surg. Reporter:—

The following brief report of an anomalous association of neoplastic formations may prove of interest to some of your readers.

Mrs. M., aged 44 years, childless, having a good personal and family history, noticed, about six months ago, that her right breast was enlarged. This circumstance excited her curiosity, and on examination she discovered a tumor of diminutive size. Attaching little importance to this disclosure, she neglected to seek medical advice, until lancinating pains and augmenting size of the breast occasioned alarm.

At this period—six months after discovery—the breast was of normal color, symmetrically enlarged, and the nipple prominent. Palpation elicited two firm, elastic bodies. One apparently involved the entire mammary gland, and adhered slightly to the skin along its lower border. The second was situated at the upper and outer angle of the above; seemed connected to it, and about the size of a hen egg. Both were movable in the surrounding tissues.

The patient was not cachectic, the axillary glands were normal, primary assimilation, the catamenia, and, in fact, all functions of the body, presented healthy characteristics.

Excision was advised, and performed by Dr. Cassidy.

On dissection, the following interesting features were manifested: The larger tumor was encapsuled, lobular, elastic, of firm consistency, reddish in color, and contained a cyst, one-half inch in diameter. The smaller formation was continuous with the capsule of the larger growth, and from it it was evidently developed. Its (the smaller) consistency was firm and tough, of a grayish-white color, its cut surface smooth, glistening, and covered with a small amount of fluid.

The microscope demonstrated remarkable peculiarities. The largest neoplasm consisted of round and spindle cells, intercellular substance and fibre, with remnants of the gland. The capsule was composed of mature fibrous tissue. Sections of the smaller tumor, near its point of origin, consisted of fibrous tissue, but on approaching the centre I found the structure materially changed. Instead of compact fibrous tissue, alveoli of variable size were seen, filled with flattened, angular and polygonal cells, devoid

of intercellular substance. Glandular tissue was absent.

From the above observation I diagnosed cysto-sarcoma mammae, fibroma and schirrhus. The cysto-sarcoma mammae is an uncommon production. But the circumscribed proliferation of its capsule, forming a fibroma, and this degenerating, at a point remote from its onset, into a formation of such preëminent malignancy as schirrhus is, I believe, one of our rarest pathological conformations. E. P. BREWER, M.D.

Norwich, Conn.

Sclerosis of the Stomach, Involving Stricture at the Pyloric Orifice.

ED. MED. AND SURG. REPORTER:—

On account of the rarity of this pathological condition in the stomach, I thought it might not be uninteresting to the readers of the REPORTER to notice the history of the following case, that recently occurred in my practice.

CASE—David P., aged 72 years, called at my office in October, 1878. He complained of symptoms of indigestion, had a ravenous appetite, but taking food was frequently followed by nausea and vomiting. I prescribed a stomachic tonic, requesting the patient to call again in one week. I heard no more from him until April 19th, 1879, at which time I was called to see him. I learned that he had, for the previous six weeks, been under the treatment of a doctor who claims to cure cancers. I found the patient a mere skeleton, being unable to raise his head from his pillow, or to move his hand to his head. So emaciated had he become, that the bodies of the lumbar vertebræ could plainly be distinguished one from another, through the abdominal walls. He had, up to this time, had no pain whatever, the main symptoms being vomiting directly after eating. No blood was ever vomited, the ejecta consisting solely of unchanged food. The appetite had been good until a week previous to my call. Bowels obstinately constipated, from lack of the normal stimulus to peristalsis. The urinary bladder was found distended, and was voided with the catheter. This was continued every day, with no other treatment, until April 26th, when the patient died from inanition. Autopsy 36 hours after death. The stomach was found to be reduced to nearly one-half its normal capacity. Its tissues were in a state of fibrous degeneration, the whole organ being involved to some extent, the pyloric extremity extremely so, however. The pyloric orifice was contracted so as to admit only a fair-sized goose quill. The other organs were healthy. The condition found corroborated the diagnosis which was arrived at by exclusion.

Bethel, Vt. L. M. GREENE, M.D.

False Joint Treated by Prof. Henry H. Smith's Method.

ED. MED. AND SURG. REPORTER:—

I take the liberty of reporting this case as one more in the list of successful cases of false joint treated by Dr. Henry H. Smith's method (pressure and motion).

John Schiller, age 40, a farmer by occupation, has always enjoyed good health up till August the 10th, 1877. While threshing, his clothing became entangled in the shaft of the thresher, and being whirled around the revolving shaft, had both bones of his right leg fractured; the tibia at the junction of the middle with the lower third, and the fibula above, near the head of the bone. The leg was treated with side splints and extension for ten days, after which it was dressed in a starch bandage, which he continued to wear for six months without any union. I then obtained from E. Spellberger, of your city, one of "Smith's Artificial Limbs for Ununited Fracture," and applied it February the 25th, 1878, the patient being unable to walk at that time, but could walk fairly well soon after it was applied. I examined the limb a few days ago, and found both bones firmly united by bony union. He has continued to wear the apparatus for a little over a year, and has now laid it aside and walks well.

I think this method the most rational of any that I have seen, and have no doubt that experience will show it to be the most successful as well as the simplest of application.

T. WERTZ, M.D.

Jasper, Indiana.

Small Elastic Bands as Surgical Appliances.

ED. MED. AND SURG. REPORTER:—

A convenient and inexpensive surgical appliance will be found in the small elastic (pure rubber) bands, sold mostly by booksellers and stationers. A band one-sixteenth of an inch in thickness, three-fourths of an inch wide, and about three inches in length, doubled, stretched and put about the wrist joint, answers an admirable purpose as a tourniquet for amputation of any portion of the hand, especially where a small compress is placed under the rubber band and over the radial artery at the wrist.

A similar band could be used to good advantage in amputations of the foot, by placing it about the ankle joint or just above it. In amputations of the fingers or toes, a much smaller band will answer every purpose, so far as a bloodless operation is concerned.

I have used this method of bloodless operation in the amputation of a finger near the carpo-metacarpal joint, with the loss of scarcely a drop of blood. H. L. GETZ, M.D.

Marshalltown, Iowa.

Diphtheria in Children.

ED. MED. AND SURG. REPORTER:—

I noticed in the REPORTER of May 3d a case of diphtheria, as reported by H. L. Getz, M.D., of Marshalltown, Iowa. What I wish to say is in reference to my experience in the treatment of this disease among nursing children, having passed through two epidemics during the last three years, and had many cases in mothers nursing their infants. I have never seen a case of true diphtheria in a child contracted through nursing, when allowed to continue the nursing during the treatment of the mother. In the case mentioned by the Doctor, had the child been kept

at the breast, and the proper treatment to the mother continued, the result would have been far more satisfactory. This is a very interesting subject, worthy of the attention of every thoughtful practitioner of medicine, and I should be pleased to hear the experience of many others on this question. J. N. MEDBERY, M.D.

Webster City, Iowa.

NEWS AND MISCELLANY.

Association of Medical Officers of American Institutions for Idiotic and Feeble-minded Persons.

The fourth annual session will be held at the Illinois Asylum for Feeble-minded Children (Dr. Charles T. Wilbur's), Lincoln, commencing Tuesday, May 27th, 1879, at 3 o'clock, P.M.

The following papers will be presented and discussed:—

1. "The Relation of Speech or Language to Idiocy" (second paper), Dr. H. B. Wilbur, Syracuse.
2. "Ten Months Training of a Hand," Dr. E. Seguin, New York.
3. "Report of a case of Internal Hydrocephalus," Dr. H. M. Knight, Lakeville, Conn.
4. "Juvenile Insanity," Dr. I. N. Kerlin, Media, Pa.
5. "Protection of Public Institutions against Accidental Fires," Dr. C. T. Wilbur, Lincoln, Ill.
5. "Concerning Causes of Idiocy," Dr. Geo. Brown Barre, Mass.

The following resolutions were adopted at the Syracuse meeting, June 6th, 1878:—

Offered by Dr. H. M. Knight, seconded by Dr. Doren.

"*Resolved*, That the Association at its annual meetings set apart a certain time for the making of clinical reports."

Offered by Dr. Seguin, seconded by Dr. Brown.

"*Resolved*, That each member of the Association shall report at the annual meeting, on the 'Causation of Idiocy,' so far as illustrated in cases received into the Institutions for the past year; and that the Secretary be requested to call for such statistics hereafter."

On motion of Dr. Kerlin, seconded by Dr. C. T. Wilbur, it was

"*Resolved*, That the order of business shall hereafter include verbal or written communications from the superintendents on, 1st, Status of the work before the people and the Legislatures. 2d, Development and progress of Institution. 3d. Improvements in school training and hospital care introduced during the year.

ISAAC N. KERLIN, *Secretary.*

Disease Raging in the Caucasus.

Intelligence has been received at St. Petersburg, from Tiflis, that a disease has been raging with terrible mortality in ten villages in the Caucasus. A solemn procession of holy pictures has been held in the district Gori, and prayers offered for the preservation of the inhabitants.

Official List of Changes of Stations, and Duties of Medical Officers of the United States Marine Hospital Service—March 18th to May 5th, 1879, Inclusive.

Hebersmith, E., Surgeon. To proceed to San Francisco and relieve Surgeon C. N. Ellinwood. April 4th, 1879.

Ellinwood, C. N., Surgeon. When relieved by Surgeon E. Hebersmith, to proceed to New York and assume charge of the Service at that port. April 4th, 1879.

Bailhache, P. H., Surgeon. Detailed as a member of the National Board of Health, March 28th, 1879. Directed, in addition, to act as president of Board of Examiners. March 29th, 1879.

Vansant, John, Surgeon. Detailed as member of Board of Examiners. March 29th, 1879. On completion of this duty, to proceed to Boston and assume charge of the Service at that station. April 4th, 1879.

Miller, I. W., Surgeon. Detailed as Recorder, Board of Examiners. March 29th, 1879.

Long, W. H., Surgeon. To proceed to Chattanooga, Tenn., as inspector; on completion of this duty, to rejoin his station. March 17th, 1879.

Murray, R. D., Surgeon. On expiration of leave of absence, to proceed to Norfolk, Va., and relieve Surgeon Sawtelle. April 28th, 1879.

Sawtelle, H. W., Surgeon. Promoted Surgeon May 5th, 1879, vice Hamilton, promoted.

Doering, E. J., Surgeon. Promoted Surgeon, May 5th, 1879, to fill original vacancy.

Gassaway, J. M., Assistant Surgeon. To proceed to Cortland and Astoria, Oregon, as inspector; on completion of this duty, to rejoin his station. March 18th, 1879.

Godfrey, John, Assistant Surgeon. To proceed to Pensacola, Fla., as inspector; on completion of this duty, to rejoin his station. April 11th, 1879.

Goldsborough, C. B., Assistant Surgeon. To report to the General Superintendent, Life Saving Service, for special duty, physical examination of surfmen. March 22d, 1879. To report to Surgeon Bailhache for temporary duty at Baltimore. April 10th, 1879.

White, Robert, Jr., Assistant Surgeon. To proceed to San Francisco, and report to Captain G. W. Bailey, commanding U. S. Rev. Str. Rush, for duty as medical officer. April 26th, 1879.

Keyes, H. M., Assistant Surgeon. To Cincinnati, to relieve Surgeon Vansant. March 31st, 1879.

Glazier, W. C. W., Assistant Surgeon. To report to the General Superintendent Life Saving Service, for special duty, physical examination of surfmen. March 22d, 1879.

The following candidates having passed the required examination, were appointed Assistant Surgeons, May 5th, 1879: Charles L. Dana, of New York, assigned to temporary duty at New York City. Henry P. Cooke, of Virginia, to report for assignment to Surgeon Hutton, New Orleans. H. R. Carter, of Maryland, to report to Surgeon Vansant, Boston, for temporary duty. William H. Heath, of Pennsylvania, assigned to temporary duty in the office of the Surgeon General, Washington, D. C.

Physicians' Certificates of Insanity.

Judge Elcock, of this city, recently expressed from the bench some opinions on the legal character of physicians' certificates in insane cases, which excited considerable comment.

Judge Elcock said that the legal doctrine has been well settled in this court, by decisions of two of its judges, that although unsoundness may exist, it implies no right to incarcerate or deprive the sufferer of liberty. The trial by jury applies as well to persons whose soundness of mind is attacked as to other cases. The practice of incarcerating a person on a certificate of two physicians was never intended to give an asylum the right to hold and deprive the person of liberty, but was intended merely as a justification for such institution to receive such persons. This case exhibits the popular fault of allowing physicians to pass upon questions of insanity as experts. Their evidence is worth no more than the evidence of persons in the ordinary walks of life, and the doctrine of their being experts in the question of insanity has been exploded. The evidence of insanity is to be gathered from persons surrounding those charged with being insane, who have experienced the knowledge of their conduct and their action, and the mere expression of opinion by outsiders amounts to nothing.

Refrigeration as a Means of Disinfection.

At a recent meeting, the National Board of Health addressed a letter to Secretary Thompson, asking the advice and co-operation of the Navy Department in carrying into execution the act approved April 18, 1879, providing for the construction of a refrigerating and disinfecting ship. The question as to what particular kind of ship or refrigerating apparatus is best adapted to attain the objects aimed at by the bill is one which, in the opinion of the board, it is not competent to decide. It therefore requests the Secretary of the Navy to organize a special board or commission of naval experts and engineers, to whom all the plans and specifications can be referred, and who shall report as speedily as possible upon the subject. Secretary Thompson, in pursuance of this request, to-day designated the following Board of Naval officers to examine into and report upon the subject: Chief Engineer David Smith, Passed Assistant Engineer W. A. H. Allen, and Naval Constructor W. L. Mintony.

The Duty on Quinine.

The fortune of the late Mr. Thomas H. Powers is estimated between five and ten million dollars. Very much of this was made on quinine, and the movement to repeal the duty on that drug is one which should meet the approval of all unbiased physicians. At present the sick are obliged to pay more than twice as much for this medicine as they would were the duty removed. This excess goes into the pockets of the already enormously rich manufacturers. It is a striking instance of the gross injustice of protective duties. In fact, it is encouraging a monopoly of the most unfair description.

Items.

—Out of 421 cases of the plague in Wetlyanka and vicinity, which was the total number reported, 357 terminated fatally.

—The exodus of the colored population from Mississippi and Louisiana to Kansas and Missouri has resulted in a heavy mortality among them, by some observers estimated at 25 per cent. Moreover, it is feared that they will bring germs of yellow fever with them, and a stringent quarantine has been talked of.

OBITUARY NOTICES.

—Dr. Thomas J. Corson, of Trenton, N. J., died May 10th. He was a prominent citizen and at one time president of the State Medical Society. It was at his instigation, in the winter of 1878 that the investigation into the management of the State prison was gone into, he having preferred charges against Keeper Mott and Dr. Phillips, for cruelty to the convicts, which at the time created such widespread interest.

—At Port Jervis, N. Y., May 8, Dr. O. A. Carroll, of that place, a prominent member of the Orange County and the Tri-States Medical Society, died suddenly, of heart disease. He was 54 years of age.

—Dr. Robert J. Whitely, a well known physician of Paterson, died at his home in that city on Thursday, April 10th, from paralysis. Dr. Whitely was born in Paterson, but went to California in 1849, and remained there until 1854. He was a prominent Mason.

—Dr. Joseph P. Chandler, of Centreville, Delaware, died last week, at the age of 68 years. He was a graduate of the University of Pennsylvania, and for nearly 45 years had enjoyed an extensive practice.

MARRIAGES.

BUTTON—WODDROP.—On the 30th ult., in the Haines Street M. E. Church, Germantown, by the Rev. Joseph Welch, assisted by the Rev. John Winna, Mr. John Button, Jr., and Miss Anna S., daughter of R. S. Woddrop, M.D., all of Germantown, Philadelphia.

McCOLLOUGH—McCLENATHAN.—At the residence of the bride's parents, in Catlin, Vermillion Co., Ill., on Thursday, April 24th, 1879, by the Rev. Wm. R. Hendricks, A. M. F. McCollough, M.D., and Miss Emma A. McClenathan.

McCOSH—KELLOGG.—At Stewartsville, N. J., April 22d, by Rev. W. Thompson, assisted by Rev. W. Kelly, Samuel A. McCosh, M.D., and Louise W. Kellogg, all of Stewartsville.

SOPER—GARRABRANT.—In New York, on the 1st inst., by Rev. Dr. Potter, Oliver Soper, M.D., of Lodi, N. J., and Emma H., daughter of Peter S. Garrabrant, of Brookdale, N. J.

VERDI—MINTURN.—At New Brunswick, N. J., on Wednesday, April 30th, by the Right Rev. Horatio Southgate, D.D., Ciro S. Verdi, M.D., and Caroline, daughter of the late William H. Minturn.

DEATHS.

DOWNS.—On Friday, May 2d, 1879, in Brooklyn, at the residence of his nephew, No. 100 16th Street., Henry S. Downs, M.D., aged 67 years and 29 days.

FARWELL.—In Brooklyn, on Sunday, 4th inst., Darius G. Farwell, M.D., of consumption, aged 48 years.

THE

MEDICAL AND SURGICAL REPORTER.

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Original Department.

Lecture.

A COMPOUND FRACTURE OF THE LEFT LEG, COMPLICATED WITH A FRACTURE OF THE BASE OF THE RIGHT RADIUS AND A LACERATION OF THE URETHRA.

BY J. S. WIGHT, M.D.,
Professor of Surgery at Long Island College Hospital.
(Reported for the Medical and Surgical Reporter.)

Gentlemen:—This patient has been injured by a falling bank of earth. His name is Mike Carey; he is forty-six years of age; he was born in Ireland; he is married; he is a laborer, and has just been brought to the hospital by the ambulance surgeon, to-day being the 25th of Feb., 1879. Let us gently and briefly examine this severely injured man.

First. You will observe that the left leg is injured about three inches above the ankle joint. There is deformity and a wound on the inner aspect of the leg. The deformity is due to a fracture of both bones; the upper ends of the lower fragments are displaced forward, and somewhat outward; the lower ends of the upper fragments are displaced backward, and somewhat inward; there is lateral displacement of the fragments, of about one inch; there is some anterior angular displacement; there is no perceptible rotary displacement, and the longitudinal displacement is very slight, because the fracture is nearly transverse. There is not much swelling, because the wound has permitted the escape of the extravasated fluids; in fact, the opening communicates indirectly with the ends of the fragments, so that there is a compound fracture. Let me direct your attention to the following points, namely:—

1. A small wound, in a case of compound fracture, may often be "closed up" in a few days, by putting over it some cotton wool. The cotton and the effused blood combine to make an impervious layer, which adheres closely to the integument around the wound. This layer should not be disturbed till the repair is complete, or till suppuration occurs, when the fracture will continue compound. Whenever it is possible, it is very desirable to convert, in this manner, a compound into a simple fracture.

2. Please to observe that I now flex the leg on the thigh, that I flex the foot on the leg, that I adduct the foot on the astragalus, that I make extension as my assistant makes counter-extension, and that the fragments are reduced easily and without pain. Splints of binder's board, that have been previously moulded and are well padded with cotton, are now applied to the leg and foot, and retained in place by a roller bandage. In this connection let me add a fact of importance: Elevate, or what is the same thing, extend the foot on the leg, so that the axis of the foot will make a little more than a right angle with the axis of the leg, for I have found this expedient useful in overcoming the tendency to anterior angular displacement. To flex the foot on the leg, so that its axis will more and more coincide with the axis of the leg, in my experience, has often contributed to the increase of the anterior angular displacement of the fragments of a broken leg. Also, let me note: The adduction of the foot on the leg will not be objectionable, for it will approximate the attachments of the gastrocnemius, soleus, anterior tibial and posterior tibial muscles. Hence one advantage of the paper boot in the treatment of fractures of the

leg, that it generally permits the adduction of the foot.

Second. Again, you will observe that the right forearm is injured about the wrist joint. In fact, the base of the radius is broken. Now, I have denominated all that part of the distal end of the radius which is more or less composed of cancellous tissues as the base of the radius. The average length of the base of the radius is about one and a quarter inches. There is more cancellous tissue on the posterior and external parts of the base of the radius than on the anterior and internal parts. It is through this cancellous tissue that the base of the radius is apt to be broken. The line of fracture may be transverse or oblique, from before, backward and upward. It is more generally transverse. In the present case the line of fracture is somewhat transverse, but, perhaps, a little dentate. The length of the distal fragment, as nearly as I can measure it, is about half an inch. This is not far from the average length of the distal fragment when the base of the radius is broken. I found the average length of this fragment, in eight cases of post-mortem examinations made by others, after recent fractures, to be $\frac{53}{100}$ of an inch. In the next place, let me carefully note the displacements of the fragments in this case before us:—

1. There is a bodily displacement of the distal fragment backward, to a distance of nearly its own thickness, when compared with the distal end of the proximal fragment. This is quite a marked lateral displacement backward.

2. There is also a slight outward lateral displacement of the distal fragment, say about one-eighth of an inch, when the distal end of the ulna is taken into account, for the transverse diameter of the injured wrist is about one-eighth of an inch greater than that of the uninjured wrist.

3. The distal end of the proximal fragment has a forward and inward displacement; it is flexed and pronated.

4. The distal fragment has a small inward angular displacement, the hand thereby falling somewhat outward.

5. The proximal fragment has a forward and inward angular displacement, more marked than the angular displacement of the distal fragment.

6. The distal fragment has a moderate backward rotary displacement.

7. The proximal fragment has a forward rotary displacement of considerable extent.

8. The longitudinal displacement of the radius is not very great, and appears to be due to the comminution of the ends of the fragments.

The question that arises is, How was the base of this radius broken? You know about the classical statement, that a blow on the palm of the hand, or on the anterior aspect of the wrist, will fracture the radius near the wrist joint. But this fracture was not caused in the classical way. Of this there is no evidence; but there is strong evidence in another direction. See, if you please, this considerable contusion over the posterior and outer surface of the carpus and the base of the radius. Did not this man raise his right hand to protect himself against the falling bank of earth, which severely injured another man, and crushed still another man to death? It is quite certain that he did. And then the force of the fall of the earth was transmitted obliquely through the osseous system, according to mechanical laws, and his left leg was thereby broken, as we have already seen and described. The base of the right radius was, therefore, broken by a blow, for it amounts to that, upon the dorsum of the corpus and base of the radius. The distal fragment was then displaced backward and outward by the supinator longus, the two radial extensors, and the extensors of the thumb. The proximal fragment was flexed by the pronator radii teres and the biceps brachii, and pronated by the two pronators, radii and quadratus.

And now, what shall we do with this injured forearm and broken radius? Give attention to the following points, namely:—

1. I have here a Palmer splint for the hand, the forearm, and the condyloid end of the arm; at the elbow it has a right angle, and an angle of about 140°; it is a double angled splint. Here is a dorsal splint for the hand and the forearm.

2. One assistant, who is instructed in the part he is to perform, takes hold of the hand of the patient, and makes careful and firm extension, as nearly in the axis of the normal forearm as possible; this tends to pull the distal fragment where it ought to be. Another assistant takes hold of the condyloid end of the arm, the forearm being flexed on the arm to a right angle, and makes counter-extension.

3. I now put the fingers of my left hand on the front and inside of the proximal fragment, having the thumb of the same hand on the dorsum of the ulna. Then I put the fingers of my right hand on the anterior aspect of the distal end of the ulna, having the thumb of the same hand on the dorsum of the distal fragment. The fragments of the base of the radius are now under control.

4. The extension and counter-extension will

overcome the longitudinal displacement, and liberate the ends of the fragments, so that, with my thumbs and fingers, I can push them, as far as possible, back to a position somewhat resembling the normal relation.

5. I lay great stress on this method of reduction, moulding, and coaptation of the fragments of broken bone, especially the base of the radius. It has enabled me, in the majority of cases, to obtain good results. It is a most valuable expedient. The fragments, as you see in this case, are quite readily reduced. Sometimes, when there is great impaction, you will find it impossible to make complete reduction of the fragments.

6. The limb is now gently laid upon the Palmer splint, a dorsal splint is applied to the hand and forearm, and the splints lightly retained in place by means of a bandage. The contusion on the back of the wrist will not bear much pressure.

7. In a day or two I will remove the dorsal splint, and make passive motion of the joints and the tendons, which can be done in such a manner as not to interfere with the condition of the fracture. Passive motion may be continued at frequent intervals, so as not to interfere with the process of repair.

8. In this case it will be competent for us to predict more or less deformity, and more or less loss of function, after the treatment.

9. A point of importance you may have your attention called to is, that the tendons of the extensors of the thumb are so closely connected with the distal fragment as to impair their function during the process of repair. In fact, at times there will be marked immobility of the thumb. The so called abductor of the thumb will not be injured, and yet the thumb cannot be abducted. You will notice, in the normal condition, that the thumb is abducted by the conjoint action of the extensors, the abductor and the opponens pollicis.

10. And you will find that the hand will fall to the radial side, as the treatment goes on, on account of muscular contraction, and on account of the necrosis and absorption of the ends of the fragments, as the broken surfaces press against each other. Once more, as the crushing force of the falling earth made an impact on the right forearm, and was transmitted obliquely through the osseous system to the left leg, it must have made tense a great many muscles of the body. Some of the muscles and some of the other soft structures may have been lacerated. In a case like this we ought not to forget the bladder and urethra. In fact, there is retention of urine. This may be due to shock, or it may be due to laceration of the bladder or the urethra. At any rate, let us make an examination. I pass a catheter into the urethra. The patient has never had stricture, yet the catheter will not go into the bladder, and it is all the same—the catheter does not go into the bladder—with or without a stylet. It is arrested somewhere. Let us see where. I introduce the catheter gently as far as it will go. I now feel in the perineum, and find a somewhat soft and semi-fluctuating swelling, which appears to be made up of extravasated blood and infiltrating urine. My finger is now inserted into the rectum. The catheter is only covered by the internal sphincter and the coats of the rectum. The instrument goes behind and beneath the prostate, instead of through it, as usual. There is a rupture of the urethra, and it is important for us to find the place of rupture, and put an instrument into the bladder. Over and over again, you see, I have tried to put almost every kind of catheter into the bladder, and have as often failed. The rent must be in the floor of the urethra. Hence, let us again search along the roof of the urethra, and perhaps we shall find the opening in the end of the proximal fragment. Here is a No. 6 flexible catheter, containing a stylet, the end of which I bend into a pretty large semicircle, and then extend about half an inch of the tip slightly backward. First. As the catheter goes in, at about the middle fibres of the accelerator, I feel the point ride over some tissue and go backward into the false opening between the prostate and the rectum. Second. I now withdraw the catheter, and put it into the urethra again, keeping the point, at the place of the rupture, somewhat nearer the roof of the urethra, when the opening in the distal end of the proximal fragment is penetrated by the tip of the catheter, which readily glides into the bladder. And now you will see bloody urine escaping into the urinal. Soon the urine runs quite free from blood. I will now fasten the catheter in the urethra and the bladder, and leave it there for some days, in order to prevent accumulation and infiltration of urine.

Some remarks of practical importance may be made in this connection, namely:—

1. This case, and others which I have seen, appear to show that the urethra may be ruptured by muscular contraction. Our patient has no signs of contusion; yet I do not put the matter strongly; I only say that his urethra appears to have been ruptured by muscular contraction.

2. It would not have been possible to have known that the catheter was outside of the urethra, if the finger had not been inserted into the rectum, for the mobility of the tissues was such as to permit the catheter to take a nearly normal direction. The instrument seemed to be in the right place and the right direction.

3. To have made any forcible effort to push the catheter into the bladder, as it seemed to be so nearly there, would have involved the greatest peril to the patient, for it could only have separated the tissues of the rectum from the bladder to a greater extent, and possibly have penetrated the peritoneum.

4. The putting the catheter into the bladder through a ruptured urethra demonstrates the feasibility of such a procedure. The work required patience, gentleness and perseverance, combined with the application of those rules I have often insisted on during the introduction of a catheter.

The following items in the progress of the case, and which were related to the class from time to time, may be enumerated, namely:—

1. The catheter was left in the bladder one week, when it caused great irritation and much pain. It was then removed, after which the patient passed his urine readily for about twenty-four hours, when retention came on, as at first; then the catheter was again introduced, in the same manner as before, but more easily, giving great relief from pain and irritation. At the end of another week the catheter was again removed, after which the patient readily evacuated his bladder for several days. Then another attack of retention was relieved by the application of warm fomentations over the bladder, and by the patient sitting up in bed to urinate. Subsequent to this date the catheter was not required.

2. The fracture of the leg has done well. A moderate degree of suppuration took place in the wound. The deeper tissues over the bone appeared to unite rapidly, a considerable superficial ulcer being left, which was dressed once or twice a day, with oakum laid under the internal splint. As often as the oakum became somewhat saturated with the waste products it was removed, and fresh oakum put in its place. No wash of any kind was used at any time—a perfectly dry dressing doing admirable work. Such a dressing has been faultless in an exsection of the ankle joint, and in capital amputations, in my practice. I recommend to you the dry dressing, as very desirable treatment in some cases.

3. The fracture of the base of the right radius has done as well as could be expected under the circumstances. The skin over the outer and posterior surface of the carpus and the base of the radius has broken through at some points, and suppurated; this has been dressed with dry cotton. The part has been able to sustain only slight pressure from splints. While the reduction and coaptation of the fragments at the outset were quite perfect, there has been absorption of the broken ends, and shortening of the radius, the hand falling outward. The adductor of the thumb is somewhat active; the flexors of the thumb are in good condition; and the extensors of the thumb are quite useless, being fastened into the new formation of the reparative process. Hence, the thumb cannot be voluntarily abducted and extended. This condition in this case is likely to be permanent, as I have seen in other cases, and as I recently found in a case of fracture of the base of the radius in the practice of other surgeons.

At the end of the third week the patient had a chill, accompanied by considerable swelling over and above the left Poupart's ligament. This swelling gradually subsided, when a considerable swelling appeared in and at the inner side of the left Scarpa's triangle. The patient had another chill about this time. The femoral swelling had been dressed with carbolized oil. The pus gradually approached the surface, and on the 31st of March it found its way out through an opening made by a curved bistoury through the tendons of the adductors of the thigh, just below their origins. After this, for a few days, the patient did not get along very well. But under cinchona and turpentine he greatly improved in appearance and condition, and on the 8th of April there was no reasonable doubt that the patient was on the road to a good recovery.

Communications.

THE ADVANTAGES OF THE COUNTRY PRACTITIONER IN THE STUDY OF CERTAIN DISEASES, AND HIS DUTY IN THIS CONNECTION.

BY GEORGE HAMILTON, M.D.,
Of Philadelphia.

Trousseau, in his chapter on typhoid fever, declares that its origin and development can only be determined by physicians who practice within restricted localities, where it can generally be ascertained who was first attacked by the disease. This remark may, with equal truth, be made in reference to several other maladies, especially scarlatina, dysentery, diphtheria and puerperal

fever. It not unfrequently happens that the village or country physician has under his immediate care every, or nearly every, family within certain limits; or it may be that one or two physicians encroach slightly upon the domain of his practice; so that in any event there can be little difficulty in discovering the place of origin of these diseases. The starting point of the malady being determined, its development and progress can readily be observed. Again, in reference to the contagious or non-contagious character of disease, Trousseau says (for, though dead he yet speaketh) that to the country physician we are chiefly indebted for the solution of this question. The isolation of families, and the rare occasions for personal contact of large numbers of people in the country, present most favorable conditions for solving this question, compared with the casual and uncertain opportunities afforded the practitioner in large cities. Here all is commotion, and hundreds or thousands are daily thrown in contact with each other in the streets, the public squares and cars, or in churches, theatres, hotels, halls, saloons, hospitals and many other places of frequent resort, so that at the end of each day it is almost impossible to know with whom we have been in close proximity or actual contact. It is also to be remembered that persons of the most heterogeneous condition, the refined and cleanly and the improvident and degraded, are often thrown together confusedly, so that the correctness of the view of Trousseau is fully established.

Acute disease, in the country especially, when epidemic, is generally of more active type than in the city, as is exemplified in dysentery, scarlet fever, diphtheria, inflammation, and in idiopathic fevers. The opportunities for the study of these affections, not only in their usual typical form, but when epidemic and of exceptional violence, are far more frequent than in the city, and hence one great advantage of the country over the city practitioner. A case of disease that is fairly typical is, in practice, of paramount value; yet, as an element in the study of abnormal physiology, it must give place to one of excessive force, whether manifested in the highest grade of arterial excitement, eventuating quickly in the destruction of tissue, or in the profound passive congestions of malignant intermittent, cholera asphyxia, or in the destructive epidemics of the fourteenth, fifteenth, and sixteenth centuries. It is in such cases that the antagonism or contrast between perfectly normal and intensely abnormal physiology is presented in its most vivid aspect; and if, as must be admitted, such cases are not of common occurrence, they are the most potent of all others in illustrating the extremes of healthy and morbid action, and the extremes of that morbid action, whether in the violence of arterial movement, or the still more deadly condition of profound passive congestion. A few cases of this character will serve to make a more decided, lasting, and instructive impression upon the mind of the physician than many in which the deviation from the normal condition is less decided.

But it is not alone in the maladies cited, or the points referred to, that the country physician enjoys special advantages in the study of abnormal physiology. Certain hereditary affections are met with more frequently, in proportion to population, than in cities. Of these, the more usual are pulmonary consumption, apoplexy, paralysis and mental disturbance. That this statement may not always find application, must be admitted, yet the observations of so many medical authorities, in this country and in Europe, in support of its general accuracy, cannot be disregarded. There is, in fact, no shadow of the improbable or irrational in the case, if we reflect how large the percentage of consanguineous marriage must, almost of necessity, be in rural districts. In regard to mental disorder, it is alleged that many sufferers will necessarily be found in the numerous institutions established for such patients, who have lived in the country, inasmuch as the population engaged in farming is very large; but, in addition, there are certain contributing causes to be found in the isolation of the people, their more solitary life, and the facility with which they can avoid society, and, retiring away from family or friends, abandon themselves to the gloomy and depressing thoughts that hold possession of the mind. As a school of practice the country presents decided advantages to the recent graduate. If his location be well chosen, he will generally find, in a very short time, something to do, and may, by the end of the second or third year, have a full round of practice, while in the city a period of from five to ten years is generally required before even a moderate patronage can be acquired. But again, the young city practitioner must generally spend many years in practice before he can secure the entire confidence of those who may employ him, and it often happens, upon the first symptom of danger, that a consultation is demanded with some one of the numerous and more experienced physicians; or, it may be the latter is requested to attend exclusively to the case. Occurrences of this kind, so discouraging

to the young practitioner, are, for obvious reasons, comparatively rare in the country, so that, thrown upon his own resources, the young practitioner soon becomes self-reliant, and thus are friends and patient inspired with a confidence that learning, experience and talent alone would fail to establish. In rural practice a rivalry frequently arises between two or more practitioners, and, as the late Professor Wm. Gibson, in his valedictory, once said, is at times characterized by an acrimony that rarely finds its parallel in the city. In this feeling the patrons on either side will participate, and as reports of every kind in rural sections fly with rapid wing, so will the success or the want of success of either party, in any case, be faithfully given to the winds. This state of affairs is, of course, neither pleasant nor commendable, yet finds its compensation in, if possible, closer attention and increased effort in behalf of the patient.

From what has been stated, it is evident that the country practitioner will, as a rule, have had during the first five or ten years a large amount of bedside experience, acquired, too, under favorable circumstances when compared with that of the city practitioner; yet he furnishes but little for publication, although he must be in possession of much more practical matter, acquired in the space of time referred to, than could be expected from one who, during the same years, has practiced in the city. In a large rural practice, where families are remote one from the other, much time is requisite for visits, and it may be admitted that the physical exhaustion resulting from such practice often begets an indisposition for writing. Nevertheless, time may still be found, and opportunity, to briefly, yet clearly, prepare such matter for publication. Certain cases only need be noted, those of exceptional interest, presenting facts of an indisputable character, having close relation to the question of the contagious or spontaneous origin of certain diseases, their development and mode of progression; or those in which abnormal physiology is displayed in extreme degree, whether in excess or defect of arterial excitement. If, as Trousseau,* with many other eminent writers, declares, the solution of some of the most disputed points, including contagion, in reference to certain maladies, is mainly within the power of the country practitioner, his duty in this connection is surely evident enough; let us hope its fulfillment may not be long deferred.

* Il faut demander aux médecins qui exercent dans les petites localites la solution d'un problème aussi complexe. Clinique Medicale. Paris, 1868, tom. prem.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SURGICAL CLINIC OF DR. JOHN H. BRINTON, MARCH 26, 1879.

REPORTED BY DR. H. M. M'LANAHAN.

Urethral Stricture—Lithotomy, Two Cases.

GENTLEMEN:—* * * * The next case I shall bring before you this morning is one of obstinate stricture of the urethra, demanding for its cure something more than the ordinary treatment by dilatation. The patient is a sailor, and has at various times contracted gonorrhœa. The result is a stricture, situated about three-quarters of an inch from the meatus, of a firm and resisting character. It is, in fact, so tight that I can scarcely pass any instrument through it; even the capillary whalebone bougie enters with difficulty. It is impossible for me to pass any of the exploring or acorn instruments, such as are used to detect the site and measure the exact length of the obstruction. Stricture at or near the meatus is by no means uncommon, and when it occurs as the result of a gonorrhœa, is extremely apt to be accompanied by a narrowing at some deeper part of the urethral canal. Such strictures present certain peculiarities. In the first place they are very obstinate, and but slightly amenable to treatment by dilatation. Then, too, the dilatation is painful, and when accomplished apparently to a successful degree, is apt to be followed by recontraction. If left to themselves, these narrowings often, I had almost said invariably, give rise sooner or later to considerable trouble. Irritation of the posterior portions of the canal results, not infrequently followed by vesical disturbances. These strictures must, therefore, be gotten rid of, and there is but one way to effect this, and that is by internal division. The patient before you is of very impressible temperament, and exceedingly intolerant of pain. I have, therefore, caused him to be etherized.

You will please notice what I do. In the first place, I insinuate through the opening of the stricture this small tenotome, and, as you see, I now divide the stricture freely in the direction of the floor of the urethra. I can feel the fibrous structures give way beneath my knife, and I draw the blade, not only once, but two or three times, through them, in order to effect a free division, so that when cicatrization occurs, it shall, as far as possible, take place without narrowing the urethral canal. I will now introduce this stretching instrument. It is the one constructed by my colleague, Dr. S. W. Gross, and has, I think, some advantages over the one devised by Sir Henry Thompson. The separation of the blades begins at the joint, at the very extremity of the instrument, and is effected with great power by the wheel in the handle. The scale on the handle is also well arranged, and can be easily read during the operation. It ranges from number eighteen to forty of the Charriere scale. The Thompson instrument is of smaller size, and applicable to tighter strictures. I have a high opinion of it also. I will now insert the instrument, and as I do so, I detect a stricture deeply

seated in the canal, almost four inches from the meatus. The instrument passes through it readily. By turning the wheel, I separate the blades, and as I withdraw it, I stretch the whole canal, especially that portion near the meatus, which I have already incised. There is some bleeding. The remaining instrumentation is simple, and consists in the introduction of Thompson's sounds, and you see that I can now readily run up the instruments until I have reached number twenty-seven. Here I stop.

I am satisfied with what I have accomplished. The urethral canal is freely open to the bladder, and all that remains to be done is to keep it so. This I shall do by the daily introduction of sounds, commencing in two or three days. I shall not insert any to-morrow, but shall allow the patient to recover from the shock which sometimes, indeed, very frequently, follows a manipulation even of so apparently simple a character as the one you have just witnessed. It is a mistake to attempt too much, or to tease and irritate a patient unnecessarily. I am satisfied that in these cases it is better to make haste slowly, and I am sure there is no part of the human economy which is at times more jealous of interference than the male urethra. In the vast majority of cases such as this you may escape all disastrous consequences; nevertheless, they do sometimes occur, and if you do much urethral surgery, you must sometimes expect to have trouble. The books teem with accounts of surgical calamities, and if you escape them you will owe something to good fortune, as well as to surgical skill. I shall, therefore, take every care of the patient. He will be put to bed, properly wrapped up, and you will observe how carefully I have protected him from cold while on the table. His lower extremities have been separately enveloped in blankets, and his body has been well covered. These may seem to you little matters, but I am satisfied that harm is sometimes caused by neglect of these very particulars. Never allow a patient to become chilled during an operation. Even in the simple introduction of a catheter this should be borne in mind. Sudden or prolonged depression of temperature, especially when a man is in a nervous state of mind, must be injurious. I am sure I have seen carelessness in this respect followed by evil results which might have been prevented.

When this man recovers from his anæsthetic condition I will direct a hypodermic injection of a quarter of a grain of morphia. He has already had ten grains of quinia this morning. His diet during the next day or so will be looked after. My experience has taught me that after urethral operations, especially if there be any shock, the stomach is indisposed to ordinary food. There is a tendency to nausea; even beef tea offends. I employ milk in small quantities, often repeated, so that the patient shall take at least three pints in the twenty-four hours. Generally, too, there is a craving for acid drinks, and lemonade will most often prove acceptable. Milk and lemonade would seem a strange combination, nevertheless, I have found such a diet to answer better than any other. In leaving the subject there is just one caution I would give you, and that is, always examine the urine before operating on the urethra, to see if any organic disease of the kidney be present. Bad consequences may happen even when there is no such complication, but they are much more liable to occur when renal disease exists.

Lateral Lithotomy—Two Cases.

I have now to bring before you two very serious cases, the one a little boy ten years of age, the other a man of fifty. In each of these cases there is a large vesical calculus, and upon each one I propose to perform the lateral operation for lithotomy, and I must say to you, gentlemen of the Jefferson class, that I esteem myself highly fortunate, not that I have these cases to show you, but that one so illustrious as Professor Gross has kindly consented to hold the staff for me. It will, I know, be a memory for me all my life.

This little boy, Willie ——, was born in this city and has lived here all his life. For two years he has suffered from all the symptoms of stone. He has had frequent micturition, which has greatly increased of late. His parents tell me he has not been able to hold his water for a longer period than half an hour, and that he is usually disturbed many times in a night. Then, too, the flow of his urine has often been suddenly arrested. Micturition is painful, and the urine is often tinged with blood. There is constant tenesmus, and the prolapsus of the anus is very marked. These symptoms alone would point to the presence of a calculus, but the absolute certainty of its existence I have already demonstrated to you at my last clinic. I then sounded the boy, using for that purpose a steel sound, and you may remember the distinct click elicited on the contact of the instrument with the stone. This became very much more distinct when I attached to the instrument the sounding board, by the aid of which the sound was so greatly increased as to be audible to every one in this large lecture room. The stone, then, is in the bladder, and must be removed. In a child of this age crushing or lithotrity is out of the question, and cutting for the stone or lithotomy is the proper surgical resort. I propose, therefore, for this case, to perform the single lateral operation, the one you have so often seen practiced in this arena and with which you are familiar. In boys the lateral operation is not very dangerous; indeed, it may be regarded as rather a successful operation than otherwise. Between the age of five and ten years not more than one in twenty-five or thirty dies. On the other hand, between the ages of thirty and forty one out of eight or ten perishes, and between forty and fifty, one out of five.

The danger of lithotomy would seem to increase with the age of the patient; and the immunity in boys probably depends on the sound condition of the kidneys, the bland character of the urine, and the well known high degree of vitality in the young. The anatomical relation of the parts, and the undeveloped state of the prostate gland, which in adult life and old age is so sensitive and so liable to take on inflammation, no doubt has important bearings on the results of lithotomy. Stones sometimes return, or rather fresh ones are developed. Of this I once met a notable example.

In 1874 I operated upon a little boy aged seven years, removing from his bladder a calculus weighing two drachms and thirty-five grains. A stone nearly as large, I had been informed, had been removed from him three years previously. Subsequently, another calculus formed, and in 1876 was removed from the bladder by my friend Dr. Hewson, at the Pennsylvania Hospital. Since then I have learned that the poor child was again troubled with the same symptoms, and that, in all probability, a fourth stone had formed. Such cases are, however, fortunately, rare.

I shall now perform the operation of left lateral lithotomy on the little boy before you. The anatomy of the parts to be divided I have endeavored to demonstrate to you on the blackboard.

[The operation was now performed and a large, rough, spiculated calculus was extracted from the bladder. The boy recovered from the effects of the operation and did well till the fourth day, when diarrhœa set in. This was soon checked by vegetable astringents and opiates. During the second week part of the urine came away through the urethra. Three weeks from the time of the operation the boy was discharged from the hospital, perfectly well. The stone weighed one ounce and fifteen grains, and on examination was found to be a phosphatic calculus, developed around a uric acid nucleus.]

I shall now bring before you another case of stone, and one of the gravest character. The calculus in this instance is of large size, and its removal will, I fear, be attended with great difficulty and with proportionate peril to the patient's life. This is the history of the case:—

James K., aged fifty, born in Ireland, now resides in New Jersey. He has suffered from more or less vesical trouble for nineteen years. In 1861 he was sounded for stone: the symptoms were marked, but at that time no calculus was discovered. The symptoms continued to increase, gradually becoming worse and worse, until 1869, when the bladder was again examined but with negative results. Since that time he has suffered greatly. Micturition has become more and more frequent, there is great straining, the rectum sympathizing to a marked degree, and there is prolapsus of the bowel. He is often obliged to rise from his bed thirty or forty times in a night. He has worked at his trade, which is that of a stone mason, but his health has become greatly impaired. For this trouble he entered the hospital a few days ago, and on examination of his bladder I detected a calculus of large size. On careful measurement with this lithotrite it was found to be three inches in diameter, and very hard. The irritation of bladder, prostate and rectum has been extreme. As instrumental urethral manipulation was badly borne, and as the size and hardness of the stone precluded lithotrity, I have determined to perform the operation of lateral lithotomy.

In all probability, during the operation it may become necessary to extend the incision over upon the right lobe of the prostate, in order to make sufficient room for the withdrawal of the calculus, should my estimate of its size prove correct. It will be better to do this than to use violence in its removal. In the event of the stone being too large to be taken through the perineal opening, I shall crush it in the bladder, with these powerful forceps which I show you, in which the crushing force is exerted by a screw in the handle.

[The single lateral operation was now performed by the lecturer. The bladder having been opened, Dr. Brinton continued]:—

I have now, gentlemen, my forceps on the stone in the bladder, and from the separation of the handles of the instrument you may form some idea of the enormous size of the calculus. It is so large that it is evidently impossible to withdraw it through the incision already made; I shall, therefore, with this probe-pointed bistoury, enlarge the cut, by dividing the right lobe of the prostate to some extent. But I now find that after repeated efforts I am still unable to extract the stone in its entirety; nothing, therefore, remains for me to do but to crush it in the bladder with the forceps I have shown you. This I shall now do (applying the forceps). You notice their action: As I turn the screw, the blades close on the stone and crush off its external layers. I can feel them yielding, and as they break off the forceps slip on the stone. I shall reapply them until the stone be reduced to such a size that its extraction becomes possible. This, after repeated trials, is accomplished, and you see the main portion of this immense calculus is being now withdrawn through the external wound. To do this some force has been necessary, but I have endeavored to guard the soft parts in every way, and to make the traction as gentle as I can. Carrying my finger through the wound into the bladder, I find the track filled with fragments from the cortical portion of the stone, of greater or less size. These I pick out, as far as possible, and then inject the bladder, through the wound, with a strong stream of water. This not only washes out the debris but acts also as a hæmostatic. The hemorrhage, however, has not been great. This operation has been so severe and so long that the patient must undoubtedly suffer considerable shock. The prognosis, therefore, is grave in the extreme. I shall have him freely stimulated, and under a proper opiate influence, and shall report the result to you at my next lecture.

[After being removed from the arena, the patient was freely stimulated, and full doses of opiates were administered. He was given milk and beef tea alternately, every two hours, but he gradually became weaker. On the evening of the 29th he died, apparently from exhaustion, three and one-half days after the operation. The aggregate weight of the stone, a phosphatic one on a uric acid nucleus, was four ounces and five drachms. As many small fragments were, however, entangled in the clots of blood, and lost, during the operation, it is probable that the weight of the stone, could it have been extracted entire, would have reached at least five ounces.

Post-mortem Examination.—Some congestion of the kidneys, but not to any marked degree. The bladder was contracted, and the walls much thickened. The mucous lining was congested and thrown into deep rugæ. This condition had evidently been due to the presence of the stone, which seemed to have lain in a sort

of sac. The incision in the bladder was clean cut, not ragged or torn. In this respect its condition, considering the great size of the stone removed, and the prolonged efforts necessary to do so, was most remarkable. The prostate gland was not torn or lacerated. The other viscera presented nothing abnormal. Death was, without doubt, due to gradual exhaustion.]

Medical Societies.

COLLEGE OF PHYSICIANS, PHILADELPHIA.

At the regular meeting in March, Dr. Wm. S. Forbes reported a case of

Ununited Fracture of the Tibia, of Twelve Years' Standing,

in which the patient retained a useful limb. He was exhibited, and the case described, as follows:—

He is a seaman, a captain's mate, thirty-six years of age, and in full health. He has an ununited fracture in the middle of the right tibia; there is no bone thrown out from the upper or lower fragment. The line of fracture is quite a transverse one, and there exists a short, dense, fibrous deposit between the two fragments, which holds them closely together, so that while there is an appearance of consolidation, yet there is motion between the fragments, to a limited extent. He can walk about with but a very slight limp, and with entire freedom from pain, having no support from splint or bandage, and rarely using a cane. He says that the only feeling of discomfort he experiences is that, after walking long, there is a feeling of something pulling at the outer side of his knee. On pointing out the locality, I found it to be over the superior articulation of the fibula with the tibia. In connection with this indication, I find that his fibula was not broken at the time of his accident, and that it serves as a splint to his broken and still ununited tibia. Manifestly the fibula assists to support his superincumbent structure, and hence the sensation of pulling at the upper tibio-fibular articulation.

The patient's accident happened twelve years ago. In a gale of wind, off the Delaware Capes, he was struck by the end of a broken rope, in the middle of his leg; the soft parts were cut to the bone, and the extremities protruded. Three days after his accident he entered the Pennsylvania Hospital, and remained there for fourteen months: he then left the hospital for the country, some twenty miles distant. He was wearing at this time tin splints around the leg, and moved about in a rolling chair.

Three years after the accident he laid aside his splints and got out of his chair, and after using a crutch for a short time, abandoned it, for a cane. A little over three years after his accident he went to sea as the mate of a vessel, and has never since been laid up or disabled in any way. The tibia is no larger and no smaller, apparently, than an ordinary healthy tibia. Just at the line of fracture, and a little above and a little below the line, the bone is covered by a dense, fibrous tissue, serving as a stay ligament to hold the fragments in apposition; this ligament is only around the false articulation, and performs the part of a dense capsular ligament to the two fragments of the tibia. It is made very tense when the patient stands on that leg or walks.

The occurrence of ununited fracture in this case cannot be satisfactorily accounted for. The man had no taint or vice of system. He had enjoyed, and has continued to enjoy, apparently, excellent health. His appetite was good, and he appropriated his food; and he received proper treatment at the hands of excellent surgeons. There seems to have existed in this man what Sir James Paget has heretofore observed, "A simple defect of formative power; a defect which cannot be explained, and which seems the more remarkable when we observe the many changes which may at a later time be effected, as if to diminish the evil of the want of union." No other one of his bones has ever been broken.

Dr. Addinell Hewson gave the College illustrations of the

Value of Teale's Method of Forced Dilatation of the Sphincter Vesicæ in Incontinence and Excessive Irritability of the Female Bladder.

He reported in all six cases, in considerable detail, of which the first three were as follows:—

Case 1.—The first was that of a lady, about thirty years of age, residing ten miles from Philadelphia, with whose medical history I had been somewhat familiar from her early childhood. Soon after her marriage she was so shamefully abused by her husband that her father had to take her home, and obtain a divorce for her. I then treated her for a severe vaginitis and endometritis. At the outset of this trouble (gonorrhœa), and before I saw her for it, she had had an attack of great irritability of the bladder, followed, as she described, by a discharge of "black gravel," which gave relief to the bladder symptoms. At my interview with her she also stated that she had always suffered very severely in coitus, and that such acts were constantly followed by bleeding from the vagina, and pain at subsequent micturition. On the occasion of my being called to treat her for the gonorrhœa, I made careful examinations, both digital, and with the speculum, and found both sets of labia much swollen, and the remnants of the hymen excessively tender, so that I had to proceed with great care and gentleness, to make the examinations perfectly. I thus detected prolapsus and retroflexion, as well as all the symptoms of vaginitis and endometritis. For these I used douches, with the douche bottle, and double catheter, and medicated sponge-tents, and had the satisfaction of leaving my patient in a short time, restored, or rather freed from these troubles, and I ceased to attend her regularly.

Several months later (viz., in October, 1875, when I saw her again), she seemed remarkably well, and had grown fleshy. She stated, however, that she had at times some trouble in her menses, and a vaginal examination then revealed slight retroflexion, but no induration or hypertrophy of the uterus. For this condition I introduced a whalebone, intra-uterine, stem pessary, which she wore with satisfaction for three

months, when it was removed. My next summons was in the afternoon of February 21, 1876, to her country home, where I found her suffering intense agony from inclination and inability to urinate. She then told me that she had been very well since I had last seen her, up to the last flux of her menses, which had come on while she was away from home, traveling for amusement; that the flow was then arrested on its second day by her being exposed to severe cold, and that since she had suffered much with lumbar pains, headache, constipation, and tenesmus; the last symptom always when at stool. She had also had a great deal of erethism, with itching and burning at the entrance of the vagina, for the relief of which she had felt compelled to scratch the parts very severely. At this time I found much tympany, with tenderness of the abdominal walls, and inability to move without her sufferings being greatly increased. Her bladder was evidently not much distended, and the introduction of the catheter removed not over half an ounce of high-colored urine—which I found free from blood or pus. The use of the catheter was effected without difficulty or delay, but caused the patient to scream with agony. The instrument was held tightly by the contractions of the sphincter, and after its withdrawal the old symptoms were as severe as ever.

An inspection then showed the usual button form of projection of the mucous membrane of the orifice of the urethra to be found in most cases of acute sphincterismus, with inflammation of the parts, and I considered the case a very fair one for Teale's treatment. I therefore proposed to the patient, as I had both Atlee's and Ellinger's uterine dilators, as well as a special dilator for the female urethra, in my satchel, to resort to Teale's treatment, after I should get her insensible to pain by the rapid breathing. To this she readily consented, as she was still suffering as much as before the catheter had been used, and as she was satisfied that no relief was to be expected from the catheterism alone. Her distress was, indeed, so great that I directed her to try the rapid breathing before she should attempt moving on the bed. This she did, and at the end of three minutes, by the watch, she was so relieved of her hyperæsthesia as to allow her to fix herself as I wished, viz., on her left side, close to the edge of the bed, that is, in the ordinary obstetrical position. When this breathing had produced so much *insensibility to pain* that she could only recognize the contact of my fingers while I was pinching her with my nails as hard as I could, I proceeded to make a thorough examination, and then attempted to introduce Weisse's urethral dilator; but owing to the fleshy state of the nates, I found it difficult to manipulate with so short an instrument. I therefore substituted for it Ellinger's uterine dilator. This I passed through the whole length of its blades into the bladder, without any difficulty or annoyance, the rapid breathing being steadily kept up all the time. I then slowly effected such dilatation as would allow me to pass my index finger between the blades, into the bladder, without causing any pain or bleeding.

This operation occupied about fifteen minutes, and during all this time she was free from pain, although, as she said, she knew I was constantl touching her. The dilatation so effected wa followed by most complete relief, and she ha no desire to micturate during the following hal hour, while I was at the house.

No applications or dressings to the parts wer ordered, and I left directions simply for car about her diet and her remaining in bed. Th next day I received a letter from her father (wh was a physician), saying, "My daughter wa restless, and occasionally complained of pain throughout last night, but appears to be con siderably better to day." Since then she ha never had any return of her bladder troubles and her cure was undoubtedly the result of th forced dilatation.

Case 2.—The next case I shall report wa that of a widow lady, to whom I was sum moned, in the city, on the morning of February 22d, 1876. She had been under my care fre quently before, for various troubles, essentially due to prolapsus. This, the prolapsus, was fre quently attended by great irritability, and ever by catarrh, of the bladder; it had never existed before, however, to any great extent. This time her sufferings with her bladder were such as to make her act and look like a maniac, and noth ing could induce her to try the rapid breathing to lull them. I therefore proceeded to make a digital examination; this showed the uterus healthy and in its natural position, but the bladder, and especially its sphincter, exces sively sensitive to the touch. I was now told for the first time, and that by the aid of the memory of her mother, that she had had more or less constantly this irritation—a fact which she had denied to me before—ever since the birth of the first of her six children, in a tedious labor, six teen years before. She further stated that her urine had always, since then, been loaded with what proved to be phosphates.

These conditions having been determined to exist, I proceeded at once to employ Teale's method of dilatation, unaided by any means of producing insensibility. This required much more time than the other case, and occasioned, without doubt, most intense suffering to the patient, she making constant efforts to draw herself away from the instrument. These efforts were nugatory, however, for, anticipating them, I had passed the instrument (Ellinger's), without any warning, quickly into the bladder, and had secured it there by means of its catch, well slid down, so that every time an extra effort was made by her I had but to let go the instrument, and it was not disturbed. In this way I took over twenty minutes by the watch to make a dilatation such as would allow of my passing my index finger into the bladder while the dilator was there. I then desisted. There was no bleeding, and the patient expressed herself as entirely relieved of all inclination to be constantly passing her urine; but there was great tenderness along the line of the operation. To remove this, I applied some wet clay to the parts there, and directed its renewal after each attempt at micturition. These attempts were now not at all frequent, and were always attended with a free flow of urine. At the end of three days of this mode of treatment she was not disturbed at all

at night, and had not more than three or four calls to urinate during the day.

A vaginal examination made at the end of the tenth day, during all of which time the earth dressing had been applied, showed that there was no tenderness or thickening along the urethra, or at its orifice. Since then this patient has never had any signs of sphincterismus.

Case 3.—My third case of sphincterismus, that is, of those which occurred in the aforesaid period of twenty-four hours (viz., February 21-22, 1876), was that of a robust, healthy-looking lady, thirty-eight years of age, who had been married sixteen years without ever having conceived. She had consulted a prominent gynæcologist, six years after her marriage, as to the cause of her sterility. He pronounced it due to prolapsus and retroflexion, and to remedy these difficulties introduced a Meigs ring pessary. He allowed her to wear this for three years, without any vaginal examination. Then, when she complained of her bladder symptoms, and desired the removal of the pessary, he, having been all that time in attendance on her, told her for the first time that the instrument ought to have been removed within six months after its insertion. It was then removed, and shortly afterward she ceased to be his patient. Two years later she placed herself under my care, for vaginitis and irritability of the bladder, which she said had been disturbing her ever since the ring was introduced, or had been worn but a short time, at least. She said that she had ever since then been compelled to pass her urine two or three times during the night, and was always annoyed with the inclination when walking in the street.

The vaginitis then existing (that is, at the time of my first visiting her) was removed by injections and applications per speculum, which instrument revealed indurations and thickenings all around where the ring had been two years before. This was assigned, in my mind, as the cause of the irritability of the bladder, and topical applications were continued until this culminated, on the 22d, in an intense attack of irritability and of incontinence, which had originated three days before, in a tedious shopping expedition. When I saw her this time she was exhausted with her sufferings of the night before, and was willing to submit to any operation which could give her relief, but was positive against the induction of any form of insensibility, having been assured by many that she had a fatty heart, which would kill her under such circumstances. I used the Ellinger dilator at once, with the patient reclining on her left side, as one in labor. This I did very cautiously, first getting the blades of the instrument into the urethra, then waiting some minutes, on account of the violence of the spasm of the sphincter, I slowly approximated the handles, with the same precautions as in the other case, and thus made my dilatation a steady and forced, rather than a rapid one. It occupied me over half an hour. And when I got the dilatation complete, I left the instrument in its dilated state in the bladder until all resistance to it had ceased. I then withdrew it, after closing its blades, and my patient expressed herself as entirely relieved.

The reason of my caution was to avoid laceration, and in this I was successful. Before leaving the patient I directed the constant application of clay to the parts, but on my visit the next day I found that it had not been used, and that the patient had had some attacks of sphincterismus; these were, however, at more prolonged intervals of time than those immediately preceding the operation. I therefore determined to leave the case without any topical applications, and watch what progress it could so make. This progress was slow, but satisfactory; there were frequent intimations of recurrence of the irritability, but no positive paroxysm, and the single dilatation eventually wrought a dissipation of all the thickening of the tissues there. Frequent vaginal examinations made this very apparent, and proved the dissipation complete in a year's time. This was an exceedingly trying case for Teale's method. The patient had been brought up from childhood amid all sorts of quackery, and was ready to imagine herself the victim of any malady which the last comer might suggest as explanatory of her sufferings. If, therefore, the operation could not be a rapid one, and performed without suffering, it may be deservedly considered a perfect success. She has now had none of her old trouble for three years.

Of the procedure, he stated—

I have operated on all of my cases, save one, with the patient reclining on the left side, a position which I was long ago taught, in Dublin, to prefer to all others for such operations, even for the purpose of using the female catheter. Its advantages are, not only that the patient is freed from the annoyance of having to face her surgeon, but is prevented from seeing what is going on, and from having her person exposed in the least; and, as can be seen from any accurate anatomical drawing [Velpeau's plate of a vertical section of the female pelvic organs exhibited], the orifice of the urethra is much more accessible in that position than in any other. It looks back, and enters the tract of the canal at almost a right angle from behind forward; hence, when there has been much retraction provoked by changes of tissue, like those resulting from the frequent use of nitrate of silver, the orifice is most readily entered from behind. The entrance once effected in this manner, by an instrument, the latter can be readily and quickly glided along the passage by simply moving its handle or near extremity forward in the segment of a circle, provided that the curve of the instrument is looking backward.

This done, with Atlee's dilator, the slightest approximation of its handles secures it in the bladder, as a consequence of the inverted form of a cone which its blades make; whereas, with Ellinger's instrument the parallel relations of its blades make it always necessary to have some retaining power, like that of a sliding catch, to guard against its being displaced. With Weisse's instrument, when it can be readily used, as on a thin patient, the third blade presents a serious objection by pressing forward on the tissues in front of the urethra, if it has been inserted with that blade looking forward, as is necessary in the lateral decubitus, or backward, in the dorsal position, when it compels the lateral blades to press on those parts. These faults of Weisse's

instrument show the advantages to be gained by using the other dilators when inserted from behind, with the curves of their blades looking toward the sacrum; they, on being opened, move under or behind the arch of the pubis, and not only can do no harm by their pressure, but exert pressure at the points and in the directions needed.

After the reading of the preceding paper, Dr. William Goodell said—

I have performed the operation of forcible and rapid dilatation of the urethra some fifty times at least, and have so often by it cured bladder troubles of long standing, that I wish to add my testimony to that of Dr. Hewson as to its efficiency. The female urethra does not possess a true sphincter but, from the meatus urinarius exclusive to the neck of the bladder inclusive it is surrounded by a network of muscular fibres which firmly constringe it, and act the part of a powerful sphincter. It is the spasmodic or the organic contraction of this broad belt of fibres, that makes woman more liable than man to urinary disturbances.

While warmly advocating the operation of rapid dilatation of the urethra, I wish to point out certain risks attending it to which Dr. Hewson has not adverted. One is incontinence of urine. This result I have not thus far seen in any of my own cases, because I dilate simply to the extent of the girth of my index finger, which is of medium size, and no further. But I have twice met with it in cases operated upon by other physicians, and in each the thumb had been forced in. This experience has led me to think that there is danger in making the dilatation too great. The other risk is that of hemorrhage, either external, from the rent often made in the upper margin of the meatus, or internal—into the bladder—from the rupture of the tense and thin fold of mucous membrane often found at the neck of the bladder. I have several times met with the former, and have been obliged to use styptics. On one occasion I was compelled, in a pregnant woman, to close the rent by a metallic suture, passed deeply in, before I could check the bleeding. I have occasionally met with cases of internal bleeding, but although one of them lasted for three days, I have not found it needful to interfere by styptic injections.

I would further remark that in the selection of cases for dilatation it is important to distinguish between purely hysterical cases and cases in which there exists a real tonic contraction of the urethral muscular fibres. For while the operation almost always benefits the latter, it will sometimes increase the urinary troubles in the former.

Editorial Department.

Periscope.

The Mechanical Treatment of Spasmodic Dysmenorrhœa.

On this subject Dr. J. Matthews Duncan says, in a lecture published in the London *Medical Times and Gazette*—

Finally comes the mechanical treatment, and this treatment is very successful. I know no drug that can compare with this in its direct utility. I know very few treatments that are more decidedly useful than the treatment of dysmenorrhœa by mechanical means, and yet I recommend you, in the great majority of cases of dysmenorrhœa, not to resort to it. Dysmenorrhœa is a disease which occurs in virgins, and in them you will be most reluctant to use it. In married women who are sterile, you will be, on the other hand, easily induced to try the treatment, in the hope that you will not only cure the dysmenorrhœa, but also at the same time remove the sterility. In regard to the use of this treatment in virgins, I must say a few words in order to guide you as to when you are to resort to it. No rules that I can give you will make up for want of good sense and good feeling on your own part, but I shall give you some hints. The first is that you should, as a rule, not resort to this treatment in an unmarried young woman without the concurrence of three parties—firstly, your own approval; secondly, that of the mother or guardian of the patient; and thirdly, that of the patient herself. All of these should be quite aware of the circumstances, and of what it is proposed to do. Then I believe you are justified in recommending it in cases—and they are not rare—where the woman's whole mode of subsistence is ruined. In one of the cases we had in "Martha," the patient insisted upon our doing anything whatever that was at all likely to relieve her, because she could not keep her situation as lady's maid, for she was confined to bed for three days every month by the disease. That was a sufficient reason in that case; and I can tell you that that girl was cured after a few days' treatment in "Martha," and came back to us to testify her gratitude for being able to keep her place, going about during her monthly period without letting her mistress know she was ill at all. Then, in other cases, the general health is ruined; and this is not very uncommon. When a woman is laid up and prostrated by a severe attack of dysmenorrhœa every four weeks, her health may gradually give way, and under such circumstances there can be no hesitation in resorting to the treatment. There is another set of cases where the severity of the pain is so excessive as to leave no doubt as to the propriety of resorting to any means that offer a hope of cure; and cases of this kind, although rare, are still such as you will all meet with in the course of your practice. In some cases the severity is not so much in the pain as in accompanying phenomena. Lately, for instance, I had no hesitation in recommending mechanical treatment in a young

unmarried female, not because the pain was extreme, but because when the pain came she had attacks of suicidal mania; and these attacks of suicidal mania were severe when the dysmenorrhœa was severe, and if the dysmenorrhœa was slight they did not come at all. Under such circumstances no one would hesitate to recommend the mechanical treatment.

Now, the mechanical treatment is very simple, if carried on by the oldest of all mechanical plans recommended for the treatment of this disease—that by bougies, such as I show you here. The treatment by bougies I recommend to you because it is unaccompanied by danger. The only evil result I have ever seen from it is a temporary perimetritis. It is a treatment the innocence of which arises from the fact that there is no cutting, and that the instrument is not left in the womb above a few minutes at a time. It is allowed to remain till the pangs of pain which it brings on have passed. In order to effect a cure you must go up considerably above a No. 9. You must go up so as to stretch and distend the internal os uteri; and this stretching or distention of the internal os may require you, in different cases, to reach different sizes. A No. 11 is quite sufficient in many cases; in others you will go up to a 12 or 13, rarely above that. These various numbers are not all used in one day, but in successive days, or every second or third day, and generally the whole is effected in a few sittings—say from four to eight. You are not to expect that this treatment will cure every case. I can only tell you that most of the characteristic cases are, if not cured, at least greatly ameliorated. In several cases which have passed through "Martha" we have had failures, and we have had an ordinary amount of success. In one of them the success was remarkable; a single passage of the bougie through the internal os uteri seemed to be enough to dispel the woman's disease.

Atropia in Whooping Cough.

Dr. Arthur Wiglesworth writes to the *Lancet*—

Without at the present time claiming for atropia the name "specific" for whooping cough, I am nevertheless constrained to say that in my hands it has advanced nearer to that position than any other remedy that I have either used or seen administered by others; and that so far it has been an unexpected and unequivocal success. I was led to try atropia by reading Trousseau's remarks concerning the ofttimes beneficial results obtained from belladonna; for it appeared to me that if the experimental treatment was to be carefully pursued, more reliable preparations than the extract or the powder of belladonna ought to be used. And the alkaloid seemed to be more likely to prove useful, first, because of its unvarying strength; secondly, because the dose could be more easily regulated in consequence; thirdly, because it is nearly tasteless. I therefore chose the solution of the sulphate of atropia (B.P.), which contains $\frac{1}{120}$ of a grain in each minim—a most convenient strength; and in every case directed that it should be administered in the morning, fasting. Also, whenever it could possibly be accomplished, I directed that the number of paroxysms should be carefully noted from 8 A.M. to 8 P.M. In this I departed from Trousseau's recommendation that the number of paroxysms should be noted for twenty-four hours; because it is practically useless to attempt to get trustworthy statistics during the night, except in those very severe cases where the attendance of a night nurse is imperative; and, further, if we find that there is either an increase or a diminution during the day, we may feel quite sure that the same ratio will exist during the night.

I commenced, then, over four years ago, to treat all cases of whooping cough solely with the solution of sulphate of atropia, from infants two months old to the adult. It required some little time to find out the average dose to begin with; but I now begin with $\frac{1}{120}$ of a grain (or one minim in a drachm of water), in children from one to four years of age, either diminishing or increasing the dose as occasion dictates; and, except in very severe cases, only order it to be given once a day; but when the nightly paroxysms are very severe, I order half the dose to be repeated about an hour before bedtime.

The results that follow its administration may be summed up thus:—1st. There is a steady diminution in the *number* of paroxysms. 2d. There is a diminution in the *duration* of the paroxysms. 3d. There is a change in the character of the "whoop," as if the vocal cords were not so closely approximated. Further, if the atropine is withheld, the beneficial effects derived from it subside.

Salicin and its Derivatives.

In the last (eighth) volume of the St. Thomas' *Hospital Report* there are three papers on the use of salicin, salicylic acid and salicylate of soda. Dr. Sharkey believes the last to be much more effectual than the other two. The dose given was 20 grains every two or three hours. Out of 150 cases of acute rheumatism treated by Dr. Jacob by salicylate of soda, a markedly good effect was noticed in 103 cases, 42 could hardly be said to be benefited or the reverse, and in 5 cases the effect was unfavorable. In no instance was delirium caused by the drug, although a sort of nervous irritability, restlessness, and rapid breathing appeared occasionally to be due to it. Dr. Theodore Acland, in an excellent communication on the same subject, states that the quantity of urine is diminished directly or indirectly by the drug, that the percentage amount of urea excreted remains unaffected, but that, of course, the total quantity of urea excreted is considerably lessened. This fact, in his opinion, explains the failure of the salicylic treatment in enteric fever.

To the *Transactions* of the Bristol (England) Medico-chirurgical Society, Dr. Spencer has contributed an exhaustive memoir on the chemical and therapeutical differences between salicin and salicylic acid. He combats the theory of Senator, of Berlin, who tried to show that salicin, as soon as it enters the stomach, breaks up and yields glucose and saligenin, and that the latter is oxidized into salicylic acid. He adduces several cases as clinical evidence justifying his skepticism of Senator's oxidation process.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A lecture on the Hygiene of Suburban Life, delivered by Dr. Roberts Bartholow in Cincinnati, has been published in pamphlet form in this city. It is instructive and pleasant reading.

——Dr. Max Landesberg, of this city, has published a paper on jaborandi and pilocarpine in eye diseases. He says: In regard to the myotic qualities, I must claim the great superiority of eserine to pilocarpine. The former has proved in my experiments to be a more powerful and more efficacious remedy than pilocarpine, and its use is attended either by very slight or no inconvenience to the patient, whereas pilocarpine possesses the very disagreeable properties of increasing the action of the lachrymal gland and producing ptyalism, if absorbed by the blood.

——Dr. Israel Michel Babbinowicz, of Paris, who some time ago prepared an excellent translation of the tractatus *Baba Kama* of the Babylonian Talmud, is preparing a work on the medicine of the Talmud. We possess already a similar work, by Herr Wunderbar, published in 1842, which, however, cannot be considered as complete, since the author is not a medical student. Dr. Rabbinowicz is both an excellent Talmudical scholar and a Doctor of Medicine of the Faculty of Paris.

——In a paper read before the Kentucky State Medical Society, and printed in pamphlet form, Dr. John A. Larrabee, of Louisville, gives a very instructive discussion of acute rheumatism in childhood. What he says about serious cardiac mischief following quite light attacks is of great importance. He strongly and justly urges that the arthritis present bears no relation to the possible extent of cardiac mischief. Of treatment, he observes: "Should pericardial, myocardial or endocardial inflammation occur, or as has been seen, should any one of these conditions usher in the disease, much good may be accomplished by prompt and energetic treatment. Blisters, or in the very young, rubefacients, are to be applied over the cardia or precordia. I have found great good from a linseed meal poultice, sprinkled with a little mustard flour, in such case, pain being relieved at the heart."

BOOK NOTICES.

A Guide to Therapeutics and Materia Medica. By Robert Farquharson, M.D., Edin., etc. Second American edition, revised by the author. Enlarged and adapted to the U. S. Pharmacopeia, by Frank Woodbury, M.D., Phila. H. C. Lea, 1879. 8vo, cloth, pp. 498.

The early appearance of a second edition of Dr. Farquharson's work bears sufficient testimony to the appreciation of it by American readers. The plan is such as to bring the characters and actions of drugs to the eye and the mind with much clearness. The physiological and therapeutical actions are arranged in parallel columns, brief notices of a chemical and pharmaceutical character are inserted, various prescriptions given to illustrate combinations, and paragraphs on modes of administration, poisoning, tests, antidotes, officinal preparations, elimination, properties, etc., are appended.

The care with which both author and editor have done their work is conspicuous on every page.

The Laws of Therapeutics; or, the Science and Art of Medicine. By Joseph Kidd, M.D. Phila., Lindsay & Blakiston. 8vo., pp. 197. Cloth. Price $1.00.

The author of this work is a fashionable London physician of extensive practice, but hitherto not known as an author, nor as a contributor to medical science in any of its branches. Indeed, though not quite irregular, he is eyed with suspicion by the London profession, on account of a supposed leaning toward the exclusion of Hahnemannism. In this book he disavows any such exclusion; he speaks with contempt of potencies and dynamization; and he looks upon the later doctrines of the founder of the exclusive school of homœopathy as senile vagaries. But he believes in the "law of the similars" as one of the most potent laws of therapeutics; he defends the value of "provings" on the healthy subject; and he claims that therapeutics has this and other definite laws (not this one exclusively), which are rational guides for the physician, and are bound to become more and more distinctly and universally recognized as such as the study of medicine advances.

Such are the general scope and aim of the book; it is one highly suggestive and well worth thoughtful perusal. It is, on the other hand, open to much criticism for carelessness of statement and language. The style is unpolished and bald; the reports of cases are vaguely written and incomplete, and there are signs, either of haste, negligence or ignorance, we can hardly tell which, in many paragraphs.

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THE THIRTIETH MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The reader will have observed with satisfaction that the meeting of the American Medical Association, in Atlanta, was one which was every way creditable to those who participated in it. The Association has become a centre of medical activity, and around its meetings are grouped those of a number of other associations, all connected with the advance of science, the improvement of the physical condition of this country, the elevation of professional and general hygienic education, the enactment of enlightened sanitary laws, and similar aims. This is as it should be, and the results thus attained are inferior to none which could be attained. We regard this concentration of medical interests as the very highest purpose of the American Medical Association, and certainly never before was it so fully carried out as in this last meeting.

Thus we see at Atlanta the Convention of American Medical Colleges, the Association of American Medical Colleges, the Sanitary Association of the Mississippi Valley, the National Board of Health, the Association of American Medical Editors, all assembling for their deliberations at the same time and place as the national body and its numerous sections. The opportunity is given for all these more or less nearly allied bodies to consult and unite in carrying out their plans, to secure the coöperation which is necessary to bring about the best results, and to become acquainted with others who, though not associated with them, can and will aid in their pursuits.

The discussions of the Association were also more satisfactory than they have sometimes been. Although not entirely free from the acrimony which springs from jealousy, it is gratifying to note that the barren quarrels over personal and ethical subjects gave way before an expressed willingness on the one side to observe the rules of the Association and a greater liberality on the other side in the interpretation of such rules.

Perhaps the actual amount of original contributions to science was less than it should have been; it is probable that it was, and it is regretted that the sections were not better represented by their most energetic members. But after all, we attribute little weight to this criticism. There are so many and, let it be said, so much better avenues to the public ear than the annual and long delayed volume of *Transactions*, that we are annually surprised that this medium obtains so many good articles as it does.

The strictly scientific purposes of the Association are subordinate to the general ones, those connected with centralizing the force of the profession to act upon medical men as a mass, and upon the public as a whole, and in its separate commonwealths.

The beneficent influence which medical men can exert on their fellow beings can only be secured in its highest degree by combination and coöperation; and to obtain these in their most efficient form, such unions as we have just witnessed at Atlanta are the most certain means. Let us have more such; we cannot have too many.

Notes and Comments.

Is Much Bathing Healthful?

In these days, when there are so many hygienists advocating the daily bath, the colder the better, it is well to hear the other side, particularly when it is represented by no less a name than Professor Hebra. This eminent dermatologist maintains, in a recent article, that washes, baths, frictions, etc., are more injurious than useful to health, and that they afford no protection against any illness arising from chill. In the country, where people seldom bathe, sickness and death are less frequent than in towns; people who never take a bath in all their lives, and wash themselves only superficially, often reach a very old age.

The different applications of water produce inflammatory redness, nettle-rash, eczema, itching, furunculosis and other affections of the skin, which cause much pain, and whose cure requires months, and even years. These are now considered to be the injurious effects of water. Pimples and that disagreeable eczema marginatum, caused through the application of wet compresses, belong to the same class. Water irritates sickly more than healthy skin, and most affects those parts which are continually exposed to its action. Baths render the skin less able to resist the influences of cold and warmth.

Let us Have Truth.

A leading English paper says—

"Until Russian officialism learns to approach the regions of truth, neither St. Petersburg nor London will ever know the actual existing state of things respecting the plague, or any other epidemic, on the banks of the Volga or elsewhere in Russia. As to the Melikoff reports, they represent things as the St. Petersburg Government desires the world to see them, and not as they are. Perhaps a little light may be thrown on the murky 'official' statistics on Russian health when the English Medical Commissioners return and present the public with their report as to how they found matters in Wetlyanka, on the Volga, and in Southern Russia generally. Until then we must remain dependent on intelligence which is not to be trusted, for the sole reason that it emanates from official sources."

The appreciation of the benefits of truth telling about epidemics is hardly greater in this country than in Russia. The health boards of cities constantly suppress facts, for fear they will "hurt business," and we are ashamed to say many members of the profession support them in this mendacity.

The Size of the Brain.

M. Broca has been investigating the size of the brain in the two sexes. According to him, the brain of women, and consequently their intellectual faculties, are not only inferior to those of men, but the difference tends to increase with the progress of civilization. M. Gustave Lebon, writing on the same subject, remarks that if the relative inferiority of the brain of women of the present day is more marked than it was in the prehistoric period, the brain of men has also become inferior to that of their prehistoric ancestors. He states that the skulls found in the "Caverne de l'Homme Mort" (Lozère) measured, according to M. Broca himself, 1606 cubic centimeters in men, and 1507 in women, the difference being 100. In contemporary Parisians the male skull measures, on average, 1558 cubic centimeters, and the female skull 1337, the difference being 221. This difference of the human brain is not only confined to the sexes, but it increases between the inferior and superior races. In men and women of the same height M. Lebon says that the difference is 172 in favor of the male brain.

Chromic Acid in Affections of the Mouth.

Chemically pure chromic acid, according to Dr. Rousseau (*Le Progrès Medical*, March), is entirely harmless. He lauds its internal use, administered in periodic doses, in various forms of chronic fungus and ulcerated inflammations of the gums, in which it appears to act most beneficially. Dr. Magitot also considers that it is valuable in cases of dentary alveolar osteo-periostitis; he has failed, however, to record any cases of its failure, though he has published his successful results. Several other practitioners, however, who have made use of this remedy, have failed to obtain any results, nor is this surprising when it is considered how various are the causes which may give rise to this disease, and under what different aspects it makes its appearance.

Oleate of Zinc in Eczema.

Several English writers have lately advocated an ointment of oleate of zinc in eczema. It may advantageously be made into an ointment with *unguentum* petrolei, and by the addition of a drop of otto of roses to the ounce. It is soothing and healing in a marked degree.

Correspondence.

Case of Hydrophobia.

Ed. Med. and Surg. Reporter:—

April 29th, 1879, at midnight, I was called to see William Hammond, aged 16 years, occupation farmer. I found him sitting upon the side of the lounge, dressed. The patient said he had been ploughing the day before, but on getting up this morning complained of chilly sensation, with pains in his arm, extending to the shoulder and neck. He said when he attempted to swallow anything, whether fluid or solid, but more particularly fluid, he felt a choking sensation. He had been unable to eat anything since morning. He felt hungry, but could not make the effort to swallow. His pulse was 90, full and strong; temperature 100°; tongue slightly furred; breath offensive; mucous membrane of the fauces highly congested; saliva viscid. I had been informed by the messenger that came for me that the boy had been bitten on the back of the hand by a dog, about twenty-three weeks prior to my visit. No one supposed at the time that the dog was mad. The dog was killed within a day or two of the time the boy was bitten, without any perceptible symptoms of hydrophobia. On examination of the cicatrix, there was no swelling or redness during the course of the disease. The only pain complained of throughout the disease was along the course of the nerve from the cicatrix to the shoulder. One peculiarity in the case was the marked rapidity of the disease passing from one stage to another. The patient was laboring under the second or hydrophobic stage when I first saw him—great difficulty, I might say an utter impossibility, of swallowing any liquid. Those horrible sensations which accompany the effort of swallowing, or anything that recalls the idea of a fluid, seemed in his case to excite violent agitation and aversion. There was a marked feeling of suffocation or a sense of choking, which rendered every attempt to pass liquids over the root of the tongue not only impossible, but excited convulsive action in the muscles of the larynx, pharnyx and abdomen. The patient found some relief in walking rapidly through the room, which led me to believe that the lungs were not the seat of any great oppression (according to Dr. John Hunter). As regards treatment, I had no chance of bringing any medication to bear upon the case. After making known to the parents that it was a case of hydrophobia, progressing rapidly to the third and fatal stage, and that all we could hope from remedial agents would be but to palliate, or to make his pathway down to death more comfortable to him and less distressing to those around him, and even this course must be accomplished by inhalations of chloroform, or by hypodermic medication, they concluded to try the Stoy Remedy, procured it, and made an effort to give one dose; being a fluid preparation, he failed in the effort to swallow; it excited violent spasmodic action, which continued four hours, terminating in death from nervous exhaustion. Being engaged with a case of labor, I was prevented from being present in the last few hours of his existence, but it would have only been to witness one of the most terrible forms of disease the human system is heir to. From observation of this case I feel confident that in hydrophobia we have a specific blood poison which expends its force upon the nervous system, producing rapid exhaustion and fatal results. Our limited knowledge of the disease points us to excision and caustics, with a view of destroying the poison, as the only curative means in hydrophobia.

One word in regard to the Stoy Remedy, which is creating so much excitement in our locality at this time. Might not the credit attached to its curative effect be owing to a failure of introduction of virus in the system, in a majority of cases, by the clothing wiping the poison from the tooth of the animal at the time the wound was inflicted.

N. G. Thompson, M.D.
Brandywine Manor, Chester Co., Pa.

On Reporting Clinical Lectures.

Ed. Med. and Surg. Reporter:—

An article appeared in the *Hospital Gazette* (a medical journal published in New York city), of March 29th, 1879, which claimed to be a report of a lecture delivered by me before the class of Jefferson Medical College, on "Placenta Prævia, etc." I saw the article on April 12th, and immediately addressed a note to the editor, expressing my "surprise and disgust" at the publication, and "utterly disclaiming the authorship of such a lecture," and declaring that "some of the statements in this so called report were as absurd as they were false;" and I requested him to "do me the justice of publishing my disclaimer at once." I received a note from him, bearing date of April 23d, and offering "to correct any mistakes or inaccuracies that may have appeared in my lecture." I waited for more than a fortnight for some published statement, such as I had requested. As none appeared in the *Gazette*, I again wrote to the editor on May 12th, saying that "having disclaimed the authorship, I cannot assume the censorship" of said lecture, and I desired him to write to me whether he would publish my disclaimer as I requested, and asking him to "favor me with a prompt answer." Having now waited for nearly a fortnight for an answer from him, and having received none (though I sent postage stamp for his reply), I respectfully ask you to publish this letter, that I may not remain under the imputation of having uttered such doctrine as that with which I have been falsely credited by the *Hospital Gazette*.

Respectfully yours,
Ellerslie Wallace, M.D.,
Professor of Obstetrics and Diseases of Women and Children, in Jefferson Medical College.
Philadelphia, May 26th, 1879.

A Large Prize.

The Royal Belgian Academy of Medicine offers a prize of 5000 francs for the best essay on "The Elucidation of the History of the Diseases of the Nervous System, and principally of Epilepsy." The essay is to be written in French or Latin, and forwarded to the Secretary of the Academy, Brussels.

News and Miscellany.

Medical Society of Pennsylvania.

This body held its thirtieth annual session in the city of Chester, commencing Wednesday, May 21st, at 3 P.M.

The President, Dr. J. L. Stewart, of Erie, called the Society to order, and prayer was offered by Rev. Henry Brown.

Dr. Wm. B. Ulrich, on behalf of the Committee of Arrangements, presented the register, which was read by the Permanent Secretary.

Dr. Ulrich then delivered the address of welcome to the Society, and presented the programme as arranged for the sessions.

A number of invitations to visit places of interest were offered and accepted, with the thanks of the Society.

Dr. Allis, the Corresponding Secretary, read his report for the year, which included the report of the Censors for the fourth district, relative to the case of Dr. J. P. Seiler, of Dauphin Co. The Censors dismissed the appeal of Dr. Seiler, and confirmed the action of the Dauphin County Medical Society in his case.

In the report was a communication relative to the officers of the Columbia County Medical Society, in not taking action on a flagrant case of breach of the code of ethics, on the part of two members of that Society.

On motion, the case of Columbia County was referred to a special committee, to be appointed by the chair, who were to report at this session.

Dr. Charles T. Hunter, of Philadelphia, then read the Address in Surgery, on treatment of wounds by the various methods now in use by different surgeons; on the value of the carbolized animal ligatures and sutures, and the efficacy of soft gum drainage tubes, etc.

Some points in the address were commended by Dr. C. B. Nancrede, of Philadelphia.

On motion of Dr. Lee, the address was referred to the Committee on Publication, and the thanks of the Society were returned to Dr. Hunter.

The President announced as the Committee on Unfinished Business, Drs. A. Fricke, of Philadelphia, D. A. Hengst, of Pittsburg, and H. L. Orth, of Harrisburg.

As the Special Committee on Columbia County Medical Society, Drs. Andrew Nebinger, of Philadelphia; Traill Green, of Easton; A. Thayer, of Erie; A. H. Halberstadt, of Pottsville, and J. A. Murphy, of Wilkesbarre.

Dr. Wm. Goodell next read his paper, entitled "Spaying for some Diseases of the Menstrual Function."

He took the ground that in cases of abnormalities in menstruation, such as intractable dysmenorrhœa, or cases where this function was accompanied by mania, etc., the most appropriate treatment was the removal of the ovaries, or the production of a premature menopause. He quoted a number of cases with very satisfactory results, and compared statistics of operations, etc.

The paper was discussed by Drs. Albert H. Smith, of Philadelphia, T. J. Gallaher, of Pittsburg, and Ellwood Harvey, of Chester.

Dr. Goodell replied to these remarks, and accepted the suggestion of a change of the title to Removal of the Ovaries, etc.

The paper was referred to the Committee on Publication.

Dr. Isaac N. Kerlin, of Media, read a paper, entitled "Juvenile Insanity," in which he took the ground that in many instances children are the subjects of insanity, and require the appropriate treatment, rather than whippings and other punishment. He gave the details of many interesting cases which had come under his care in the Institution for Feeble-minded Children, of which he has the charge.

The paper was referred to the Committee on Publication.

The Society then adjourned to meet at 8 P.M.

At 8 P.M. the Society was called to order by the Vice President, Dr. J. T. Carpenter, of Pottsville. The President, Dr. J. L. Stewart, delivered the annual address.

On motion of Dr. Green, the thanks of the Society were returned to the President for his address, and a copy was requested for publication.

On motion of Dr. Ulrich, Dr. Cardeza, of Delaware, and the Rev. Dr. Robinson, of Chester, were invited to seats with the Society.

On motion of Dr. Dale, all the members of the Delaware County Medical Society not already delegates or permanent members were invited to seats.

The Society then adjourned until Thursday at 9 A.M.

THURSDAY, MAY 22D.

The President called the Society to order at 9 A.M. After prayer by the Rev. A. T. Dobson, a telegram from Drs. Rowan Clark, F. Ridgely Graham, and R. B. Mowry, delegates to the Presbyterian General Assembly, in session at Saratoga, was read, hoping that the Medical Society would have a pleasant and profitable meeting.

The telegram was ordered to be entered on the minutes.

The reports of the various county societies were called for, and several were presented and referred to the Committee on Publication.

On motion, those societies which did not report were allowed two weeks to present their reports to the Committee on Publication.

The Permanent Secretary then announced the following as constituting the Committee on Nominations:—

Adams Co., E. Melhorn; Allegheny, J. W. Neely; Beaver, S. A. Craig; Berks, L. DeB. Kuhn; Blair, C. H. Closson; Bradford, Lyman; Bucks, H. Kratz; Chester, Jacob Price; Cumberland, W. W. Dale; Dauphin, H. McGowan; Delaware, R. H. Milner; Erie, A. H. Thayer; Franklin, H. S. Wishart; Indiana, J. W. Hughes; Lancaster, T. M. Livingston; Luzerne, J. E. Bulkeley; Lycoming, Thos. Lyon; Mifflin, M. F. Hudson; Montgomery, Samuel Wolf; Montour, J. D. Mausteller; Northampton, Jos. Engleman; Northumberland, J. S. Fullmer; Perry, Jos. Swartz; Philadelphia, Albert H. Smith; Schuylkill, T. J. Birch; Tioga, R. B. Smith; Washington, J. G. Sloan; York, W. S. Rowland.

Dr. R. L. Sibbet, of Carlisle, Chairman of the Committee on Medical Legislation, reported as follows:—

The Committee on Medical Legislation respectfully report, that a memorial, not unlike that printed in the *Transactions* of last year, was prepared and laid before the Legislature of our State, now in session, with the names of all the officers, permanent members and delegates at our last meeting attached to it as memorialists; and further, that a bill, as indicated in the report of last year, requiring the registration of all practitioners of medicine and surgery by the prothonotaries of the several counties of the State, has passed the Senate and is now waiting a third reading in the House of Representatives.

Should this bill become a law on our statute books, a new era of improvement will be opened before the profession. We will have access to valuable information, which cannot be otherwise obtained. We will become more fully identified with our profession, with the history of our State and of our several counties. Future generations will know who and how many are practicing medicine now, and we will know.

Should this bill, however, fail in the House of Representatives, or not receive the approval of the Governor, your committee would renew their request that the members of this Society, and of the several county societies here represented, commence registration immediately, under the present law, imperfect as it is. The act requires the prothonotary of each county to purchase a record book, which may be called the *Medical Register* of the county. He will not be unwilling to engage in this work, or to take care of the Register, as experience has shown in at least two counties of the State; for he is compensated for his labor. He will be supported by the court, and by the members of the bar, who understand the importance of registration in the selection of medical experts and witnesses, when grave offences have been committed. The Forms of Registration are not given in the law, and it is not likely they will be given in any future enactment, but your committee have supplied these in the report of 1877. They may be printed or written on the first page of the Register; and after the index one page may be given to each affiant, as has been done in the Medical Register of Cumberland County. This will give room for a notice of the removal of the practitioner from the county, or of his death, when that shall occur.

Your committee would further suggest and urge upon the leading members of the profession in each county the importance of making a beginning; and we submit the following, which may be signed and presented to the prothonotary, to encourage him to purchase the Register.

To the Prothonotary of ——— County, Pa.:—

We, the undersigned practitioners of medicine and surgery, in ——— County, agree to commence registration under the act of 1877, in accordance with the suggestions of the Medical Society of the State of Pa., and respectfully request that you procure a book of suitable size, at your earliest convenience, to be called the Medical Register of ——— County.

Signed, etc.

With regard to the resolution concerning compensation for medical experts in criminal courts, and the right of the witness to give or withhold an opinion in such courts, presented by the Lycoming County Medical Society, and referred to this Committee, we beg leave to state that it has not seemed proper to connect this subject with the simple question of registration. And the Chairman has hesitated, not only to prepare a separate bill, but to express an opinion on the subject, about which there is so great a diversity of sentiment in legal circles. It is to be hoped that some one conversant with the decisions of the courts in our own and other States will favor this Society with a paper covering the points presented in the resolution, that we may know how to proceed. All of which is respectfully submitted. R. L. Sibbet, *Chairman.*

On motion the report was accepted, referred to the Committee on Publication, and the Committee continued.

Drs. Green and Stewart spoke favorably of the action of the law in their counties.

Dr. Traill Green, of Easton, on behalf of Dr. Hiram Corson, read the report on female superintendents for female insane asylums, as follows:—

Report of the Committee appointed by this Society at its last meeting, held at Pittsburg last year, to memorialize the Legislature to enact laws, if any be needed, to authorize the employment by the trustees or managers of Hospitals under the control of the State to employ women medical superintendents for the female departments of said hospitals, and for hospitals to be erected for the accommodation of insane females.

The undersigned, members of the Committee, in pursuance of the duty assigned to them, caused a copy of "The report on the propriety of having an assistant female superintendent for the female department of every State hospital for the insane," which was presented to this Society at its last meeting, to be sent to every member of our Senate and House of Representatives, and to many other persons of influence throughout the State, just prior to the meeting of our Legislature last winter, in order that they might carefully examine the subject before they should become heavily pressed with other duties. We also prepared and placed in the hands of Hon. Wm. B. Roberts, Representative from Montgomery county, an able and conscientious man, and an earnest advocate for the legislation desired by us, the following memorial:—

To the Honorable, the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met:—

At the meeting of the Medical Society of the State of Pennsylvania, held in the city of Harrisburg, in May, 1877, "a Committee was appointed to report on the propriety of having a Female Medical Superintendent for the female department of every Hospital for the Insane under the control of the State." That Committee made report to the Society at its meeting, in the city of Pittsburg, in May last, and the Society, in view of the important truths and facts contained in

said report, appointed the undersigned a Committee to memorialize your honorable bodies to enact such laws as may be needed to carry into effect the reforms or changes in the management of the female insane which are suggested in that report and desired by your memorialists. Allow us, therefore, to call your attention to a few facts bearing on this subject.

1st. In all the Hospitals for the Insane in this State the two sexes are nearly equal in numbers, and are managed on one common plan, viz.: There is a Superintendent, who is also the physician of the Institution, to whom is confided the entire management of the large farm connected with the Hospital, as well as the medical treatment of the hundreds of insane patients entrusted to his keeping. To aid him, he appoints two male medical assistants, one of whom has charge of the males, the other of the females.

2d. Until within a very recent period there seemed to be no way to avoid thus placing under the care of male practitioners the hundreds of unfortunate females found in our hospitals; but fortunately the time has at last arrived when we have many female physicians, graduates of regularly established medical colleges, and of much experience in treating the diseases peculiar to the sex, who are eminently qualified to have the entire medical and moral care of our female insane.

3d. Even at the present time, the *management* of the female department (save the medical) is entirely in the care of women, and they have proved themselves as well fitted for these duties as are the males in the male wards. Why, then, should not the medical superintendency be confided to a female physician?

4th. There are many grave reasons, well known to physicians, and fully realized by women, why it is more proper to have female than male physicians in charge of the female insane; and these reasons had great influence in causing the Medical Society of the State to bring the subject before your honorable bodies.

5th. The ability of women to manage large numbers of insane or vicious and criminal females is conspicuous in the history of the "Indiana Prison and Reformatory for Women and Girls"—the only prison in the world in which the managers, superintendent and assistants are all women; and in "the history of the Reformatory Prison for Women," at Sherborn, Massachusetts, where more than four hundred and fifty females are under the care and management of a female superintendent, physician and attendants.

6th. Accompanying this memorial are copies of the report made to the State Medical Society by its Committee, which justifies us, as we believe, in asking from your honorable bodies such legislation as will make it obligatory on the Trustees of all Hospitals and Asylums for the treatment of female insane under control of the State to appoint a Female Physician, to be the Medical Superintendent of the Female Department of the Institution.

Hiram Corson, M.D., Montgomery county; E. A. Wood, M.D., Allegheny county; R. L. Sibbett, M.D., Cumberland county; A. Nebinger, M.D., Philadelphia; Traill Green, M.D., Northampton county; Benjamin Lee, M.D., Philadelphia.

We also prepared and gave to our representative the following "Bill," entitled

AN ACT *for the better regulation and treatment of the female insane in the Asylums and Hospitals of the Commonwealth of Pennsylvania.*

SECTION 1. *Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same:* That in all hospitals or asylums now built (or hereafter to be built), and under control of the State, and in which male and female insane patients are received for treatment, it shall be the duty of the trustees of said asylums or hospitals to appoint a female superintendent, who shall be a skillful physician and who shall reside in said asylum or hospital, and who shall have the entire medical control of said female inmates.

SEC. 2. That said female superintendent shall be appointed by said trustees for a term of not less than five years, and shall not be subject to removal within that term, except for infidelity to the trust reposed, or for incompetency.

SEC. 3. This Act shall take effect, as to asylums and hospitals already built, in one year from the date of its passage.

SEC. 4. That all acts and parts of acts inconsistent with the provisions of this Act, be and they are hereby repealed.

The legislative committee to which these documents were referred returned the bill to the House with "an affirmative recommendation," not one member dissenting. It was in due time passed finally by the Lower House, and sent to the Senate. Until that time it had met no opposition from without, but as soon as it was referred to the Judiciary Committee there was placed in the hands of the Senate Committee the following memorial—

"*To the Honorable Senate and House of Representatives of the Commonwealth of Pennsylvania.*

"The memorial of the undersigned members of the medical profession respectfully represents

"That they have learned, with surprise, of the introduction of a bill into the House of Representatives compelling the boards of trustees of the different State hospitals and asylums for the insane to appoint "female medical superintendents, who are to have entire control of the female patients," and thus be independent of the chief medical officers of those institutions. Believing, as they do, that having two superintendents, acting independently of each other, in these institutions, cannot but prove detrimental to their best interests and to the welfare of their patients, tending, as such arrangement must, to destroy harmonious action, proper discipline and good order, your memorialists trust that the bill referred to will not receive your favorable consideration. The views of your memorialists are fully confirmed by all practical experience in the management of these institutions during the last forty years, and much of the success which has attended them has resulted from a system directly in opposition to the principles of the bill under consideration.

"It is to be observed that the proposed law has no connection with the question of employing

assistant female physicians. No additional legislation is necessary to do this whenever and wherever it may be deemed desirable, that being simply a question of expediency, and fully under the control of the Board of Managers of these institutions."

The above memorial was signed first by the Author of Jurisprudence of Insanity, and then by surgeons and assistant surgeons, physicians and assistant physicians, consulting surgeons and consulting physicians, in-door physicians and out-door physicians from institutions in this city as follows: Blockley Hospital for the Insane, the superintendent and six assistants; Jefferson College, 6; Pennsylvania Hospital, 12; University of Pennsylvania, 3; German Hospital, 1; Orthopædic Hospital, 4; Jewish Foster Home, 1; Episcopal and Womans' Hospital, 3; Blockley Almshouse, 2; Children's Hospital, 2; Wills Hospital, 3; St. Mary's Hospital, 1; Presbyterian Hospital, 1. Many of these had so many titles that there was some difficulty in assigning them the proper place in this summary, but we have done our best, in order to show the influence which so many titled persons would be likely to have on the Senate Committee. But we must not neglect to say that, in addition to the above, there were the names of 19 untitled physicians, plain M.D.'s, several of whom we recognized as justly occupying a high place in the profession. Nor were these all. The name of the Philadelphia editor of the Boston *Medical and Surgical Journal* was found among the rest. We are thus particular to show the strong influence which was arrayed against our modest little bill, lest if we should fail of success this Society might believe that we had failed also in faithful performance of duty.

This memorial, brilliant with titles, united to personal representations by those who presented it, led the Committee, who had not yet received from the members who had our bill in charge any representation of our case, to report the bill to the Senate with a "negative recommendation."

Representative Roberts, who had so successfully carried the bill through the House, and those who in the Senate favored our memorial, but were ignorant of what had been so secretly laid before the Senate Committee which had the bill in charge, were greatly surprised at the result. They at once took measures to have the bill recommitted, in order that its friends should be heard. It was returned, and Robert Lamberton, Esq., Attorney at Law, a resident of Harrisburg, for many years a member of the Board of Trustees of the State Lunatic Hospital at Harrisburg, and still one of its most valuable members, and intimately conversant with all its workings and results, and, we may say, its needs, appeared before the Committee and made, as we are informed, a most exhaustive argument in favor of the bill. He also laid before the Committee the following preamble and resolution, passed by the Board of Trustees of the State Hospital for the Insane, at Harrisburg, at their meeting in January of the present year, when all the members were present, by a vote of eight yeas to one nay.

"Whereas, The State Medical Society, at its last meeting, held in Pittsburg in May last, appointed a committee to memorialize the Legislature to pass laws, if any be needed, to have a female medical superintendent, to have entire medical control and management of every female asylum or female department of every hospital for the insane under control of the State; therefore,

"*Resolved*, That we, the Trustees of the State Lunatic Hospital at Harrisburg, being deeply impressed with the propriety of the measure, and believing that many advantages would result to the female patients from the proposed change, do earnestly desire that the honorable Senators and Representatives will in their wisdom enact such laws as will enable the proposed measure to be carried into effect as soon as it can conveniently be done."

This appeal from eight out of nine of the Trustees of the oldest hospital for the insane in the State, and located within view of the Capitol, in accord as it was, too, with the memorial of this Society, joined to the personal representations of one of the most efficient members of the Board of Trustees, could not be disregarded, and the Committee, when last heard from by us, had concluded to suspend judgment in the matter until another opportunity could be had by the opposition to offer their remonstrances. This was the point at which they had arrived last Saturday. We have not heard from them since.

It is well here to notice, that not a single word of remonstrance against the measures of reform sought for by this Society came from the people of this great Commonwealth, save only from Philadelphia; nor even from any of the managers of her great charities; nor from her thousands and hundreds of thousands of benevolent private citizens; but alone from a few surgeons and physicians, some of them members of this society.

Hiram Corson, *Chairman.*
Andrew Nebinger,
Traill Green,
R. L. Sibbett,
E. A. Wood,
Benj. Lee.

(*To be Continued.*)

Cheap Doctors.

Doctors must be cheap in Austria. One of the Vienna medical papers says that a parish doctor was advertised for by one town, and in consideration of his services he was to receive the sum of 300 guldens, and his travelling expenses, etc., were to be provided for by an extra 150 guldens. The work was such as would require all his time, and yet this honorarium was enough to cause keen competition between two candidates. The value in our money of this magnificent revenue is about $200.00!

Statistics of Burial Alive.

One hundred and sixty-two authentic cases of living burial are put on record by the eminent French physician, Dr. Josat. The period of unconsciousness before burial, in these cases, lasted from two hours to forty-two. The causes of apparent death were these: syncope, hysteria, apoplexy, narcotism, concussion of brain, anæsthesia, lightning and drunkenness.

Personal.

—The Mutter lectures on surgical pathology, at the College of Physicians, this city, will be delivered May 27th and 30th, June 3d and 6th, by Dr. S. W. Gross, on Tumors of the Breast.

—The following have been elected officers of the County Medical Society, Trenton, N. J.:—President, Dr. William Green; Vice President, Dr. Charles Dunham; Secretary, Dr. William A. Clark; Treasurer, Charles P. Britton.

—Dr. L. P. Yandell, of Louisville, sailed for England on the "Bothnia," May 21st, to be gone during the summer months. Dr. Yandell goes in search of health, but will look after matters medical also.

—Mrs. Dr. Sawtelle, of San Francisco, was refused membership in the California State Medical Society, and in the last number of her "Medico-literary Journal" goes for Dr. H. Gibbons, Sr., to whom she attributes her rejection, in a way that vividly illustrates the vigor of a woman's tongue—and pen.

—A doctor is already Governor of Maine. Another, Dr. L. P. Blackburn, has been nominated for the Governor of Kentucky, and his election is assured. What is more gratifying, is that the position was tendered him not as a politician but as a physician, in recognition of his philanthropical labors among the yellow fever sufferers last summer.

Items.

—The mortality in London, last year, was at the rate of 22.8 per 1000. In the nineteen next largest cities of England it was 24.4 per 1000.

—The total number of medical men registered in Great Britain this year is 22,600. Just about 1000 a year are added to the list.

—The programme of the third International Congress on Hygiene, which is appointed to be held in Turin next year (1880), under the presidency of Professor Pacchiotti Giacinto, has just been issued.

—In Prussia there result from 100 marriages 460 children, while in France there are about 300. The number of births per 100 individuals of the total population is in Prussia 3.98, and only 2.55 in France. The annual excess of births over deaths per million inhabitants is 13,000 in Prussia, and 2400 in France. It results from the above figures that doubling the population requires in France nearly 170 years, while this is effected in Prussia in 42 years.

—Pigs infected with trichinæ have been found in Spain, and at one dinner where trichinous pork was consumed six out of twenty-eight guests died of trichinosis. The infected pigs were the product of the north of Spain. In Barcelona, such a panic has arisen that the consumption of pork has been almost entirely suspended. It is said that in Italy and Portugal the importation of bacon and pigs from the United States has been interdicted, in consequence of its having been discovered that they contain trichinæ.

—Statistics of suicide, in Europe, show that the Danes, through a series of years, have exhibited the largest average of self slaughter; while their neighbors of Norway, breathing a kindred climate, are only seventh on the list. The second place is held by France, in which the totals of such deaths fall short of 5000 annually—one-half due to hanging, one-fourth to drowning; but among women, in a majority of instances, through inhaling the fumes of charcoal. The Swiss rank next to the French, and after them the people of Baden, the Prussians, and the Austrians in succession. These last are followed by the Belgians, after whom come the English. The crime is a rare one in Spain, and not common in Italy; but the country in which it is most rare is Ireland.

OBITUARY NOTICES.

—Dr. Isaac Thomas, of West Chester, Pa., died May 18th, aged 83 years. He was the oldest practitioner in Chester Co., and for many years enjoyed an extensive practice and the respect and esteem of his fellow citizens. He had retired from active practice for a number of years.

—The death of the eminent Dr. Charles Murchison, L.L.D., F.R.S., of London, took place on the 24th of last month, suddenly, from heart disease. He is best known in this country from his work on "Diseases of the Liver." He was a most able clinical observer, and enjoyed an extensive practice.

—The widely known meteorologist, Dr. H. W. Dove, died in April, in Berlin, in his seventy-sixth year. He was the founder of the Meteorological Institute, of Berlin, and was also distinguished for his researches in optics and physics.

—Dr. Gubler, the distinguished Parisian Professor of Therapeutics, died, of cancer of the stomach and hæmatemesis, April 23d, in the fifty-eighth year of his age.

MARRIAGES.

AYCRIGG—CARRYL.—In Franklin, N. J., Tuesday, May 13, by the Rev. Marshall B. Smith, at the residence of her stepfather, Mr. J. W. Stitt, Lottie Buchanan, daughter of the late Nathan T. Carryl, of Franklin, to Dr. John B. Aycrigg, of Passaic.

DAVIS—RICHARDSON.—In Barre, Vt., May 1st, by Rev. J. F. Stone, assisted by Rev. L. Tenney, Eugene W. Davis, M.D., of Springfield, and Anna M. Richardson, of Leavenworth, Kansas.

PARK—HAVERSTICK.—On Wednesday, May 14, at the residence of the bride's parents, Millersburg, Pa., by the Rev. W. H. H. Snyder, of Harrisburg, Pa., John W. Park, M.D., and Miss Ida L. Haverstick.

WITMER—SUTTON.—On Thursday, April 10, at the residence of the bride's parents, by the Rev. J. O. Critchlow, Pastor of the First Baptist Church, Germantown, E. H. Witmer, M.D., of Neffsville, Lancaster Co., Pa., and Miss Ella L., daughter of Franklin Sutton, Esq., of Lancaster, Pa. No cards.

DEATHS.

THOMAS.—In West Chester, Pa., on the evening of the 16th inst., Isaac Thomas, M.D., in the 82d year of his age.

CORSON.—In Trenton, N. J., on the 10th inst., Thomas J. Corson, M.D., aged 61 years.

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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

REMARKS ON THE IMPORTANCE AND TREATMENT OF ANAL FISSURE.

Read before the Allegheny Co. Medical Society,

BY R. STANSBURY SUTTON, A.M., M.D.

Of all the diseases which affect the anus none is more frequent or more painful, and, it may be added, more insignificant as to appearances, than is fissure or irritable ulcer, located within the folds of the tissue lining the sphincter muscles.

In order to thoroughly appreciate this affection it is necessary to study the anatomy and physiology of the anus, or external opening at the inferior extremity of the rectum. It is a dilatable circular opening, surrounded by two flat bands of muscular fibre, one above the other, and respectively named the external and internal sphincter muscles. These muscles are lined or covered with cuticle from below, for the external sphincter, and with mucous membrane from above, for the internal sphincter. They are supplied with blood vessels and nerves.

The external sphincter is a circular or elliptical plane of muscular tissue surrounding the rectal outlet. In its length it measures from seven to ten centimeters. Just opposite the outlet its breadth is about two and a half centimeters. It is best understood as divisible into equal halves, each plane of fibres arising behind the outlet, from the tip of the coccyx, by a common tendon, and being inserted into the tendinous centre of the perineum in front. Its anterior surface is covered with skin, containing sebaceous follicles, and upon which hairs grow. Its posterior surface is in contact with the internal sphincter. When the muscle is at rest it closes the outlet; the skin covering it is thrown into folds radiating from the centre, and as the muscle distends the folds are effaced. The skin forming these folds or pouches gradually approaches in appearance mucous tissue as they approach the lower border of the internal sphincter. This common cuticle, however, terminates, and the mucous membrane begins, just within the anus, on a line precisely over the division between the external and internal sphincter. This line of union between skin and mucous membrane is white and easily detected. Its surgical importance was first announced by Mr. Hilton, in his lectures on "Rest and Pain." At this line the external sphincter ends and the internal sphincter begins.

The internal differs from the external sphincter entirely, in this, that the latter is purely a voluntary, while the former is purely an involuntary, muscle. It consists of an aggregation of the circular fibres of the intestine, strengthened by the longitudinal fibres, some of which pass around the lower border of the muscle and some distance up on its anterior surface. Its breadth is about one and a half centimeters, its thickness about five millimeters at its lower border, and thinner toward the upper border. It is lined or covered by mucous membrane, which, while the muscle is at rest, is thrown into longitudinal folds, which are effaced during defecation.

The external sphincter is supplied by the hemorrhoidal branch of the fourth sacral nerve.

The internal sphincter is supplied by filaments from the hypogastric plexus of the sympathetic, which also extends to the mucous membrane covering the muscle.

The vessels of the anus are small, and consist of the terminal branches of the hemorrhoidal arteries. The veins are tortuous and plexiform, and are the inferior radicles of the venæ portæ. To complete the anatomy of the rectal outlet, we must add that the middle fibres of the levator ani muscle descend from the lateral walls of the pelvis, attach themselves to the sides of the rectum, and continue downward to blend with the fibres of the sphincter muscles, while the anterior fibres continue downward in the male, to be inserted into the external sphincter, and in the female they are inserted into the vagina. The office of the anal sphincter may be briefly stated to be to narrow the outlet; that of this portion of the levator ani to be to shorten the rectum, as they pull back the sphincters after the expulsion of the contents of the rectum. The muscles which antagonize those muscles described are the diaphragm and those forming the walls of the abdomen. That we may better appreciate the practical portion of our subject, let us consider further the nerves found in these muscles and their physiological action. As stated, we have both branches from the cerebro-spinal system and sympathetic system distributed to the sphincters.

But furthermore, the ganglion of the sympathetic supplying the internal sphincter is reinforced by a motor and sensitive filament from the cerebro-spinal system.

Again (we quote from Dalton), "the great sympathetic is endowed both with sensibility and the power of exciting motion."

If now we add the law of reflex action, viz: "that it originates from a sensation, conveyed inward to the cerebro-spinal centres, and is then transmitted outward to its final destination, through the medium of one of the sympathetic ganglia," we get a sudden view of the cause of the hystero-neuroses so often to be traced to the existence of anal fissure.

The spinal cord exerts a constant reflex influence over the sphincters, keeping them in a constant state of contraction, which I have already called a state of rest, guarding the outlet of the rectum.

If a finger is pressed into the anus, the sphincters involuntarily contract; the same thing occurs if any irritant is applied externally or if fæces come in contact with the internal sphincter. But this action is susceptible of change and reversal. If the rectum be full, the impression made upon its walls is conveyed to the cerebro-spinal system, and causes relaxation of the sphincters, but contraction of the rectum. In this change of action, however, volition must be recognized.

In the integument lining the external sphincter, and at the bottom of one or more of its folds or pouches, will be found the "crack," "chap," "fissure," or "irritable ulcer," under consideration. It may be single or multiple, a matter we shall find of no practical difference in view of treatment. Very early writers, among whom was Avicenna, mention the affection. Lemonnier, in 1661, mentions it and calls particular attention to it. Until, however, M. Boyer showed the true character of the trouble as well as its proper treatment, it was generally considered syphilitic. The cause of the fissure is generally accredited to the passing of hardened fæces. Doubtless this must be a very prevalent one. But it seems but rational that other causes exist. Anything that inflames the integument covering the superficial or deep sphincter may occasion it; thus we will find it as a sequel of confinement, the lochia having run over, inflaming the anus. A troublesome pruritus, inducing scratching by the sufferer, may lead to it. Or carelessness in cleaning away irritating fecal matter after stool. Small bones, as fish bones, or a shell off the sternum of a fowl, or a bit of oyster shell, all of which I have found in the anus, will give rise to fissure. A careless use of a syringe or rectal bougie is capable of inducing it. It sometimes follows diarrhœa; is often the result of syphilis, or, as Mr. Allingham has stated, is the "accompaniment and probable result of polypus." Persons of highly sensitive nervous systems, with delicate skins, and especially women, are most liable to it, according to my experience; I have had seven cases in women to one in men.

The only really reliable symptom of anal fissure is pain, either present at the time of defecation or coming on as an aching, more or less severe, from a few moments to an hour after stool. Patients rarely, I fancy, imagine what the trouble is, and they come to you complaining of piles, dysentery, neuralgia, and in my experience, often for fancied disease of the womb. One will tell you, "it nearly kills me to have my bowels moved." Another, with exhausted nervous system, rapid pulse and pallid countenance, will say, as if merely incidentally, "with all this weakness, and giddiness, and loss of appetite, I am so constipated that it pains me dreadfully to have a passage," never dreaming that all his or her trouble comes from an insignificant little fissure of the anus. Perhaps your patient is a lady; she conceals the fact of painful defecation; she is nervous, irritable, despondent at times, thinks her disease must be retroversion or prolapsus; her back aches, her head aches, she

has pain in the ovarian regions. She admits indigestion, and intimates that she is constipated, and takes figs, medicated prunes, oatmeal mush, and some cathartic pills occasionally. You have learned from experience how to deal with these fair patients, and you ask if defecation is painful, and you find that it is. You inquire, do you dread going to the water closet? She replies, "always." Do you ever observe any blood? "Just a little stain now and then, but I know I have piles." After stool do you have a drawing sensation at the outlet of the bowel? Often you will get an affirmative answer. Does the bowel ache after stool? "Oh, yes, always; sometimes more; sometimes so much that it makes me sick and I have to lie down." Sometimes a patient has told me that they felt a hard lump at the anus; this I have always found, in cases of fissure, to be in the firmly contracted sphincter.

So often have I found rectal instead of uterine disease the cause of general ill health, that I now never fail to examine the rectum in female patients asserting the existence of uterine disease; and in a score of cases of suspected uterine trouble presenting themselves within a few months I have found more trouble in the rectum than vagina. Ten years ago I got a lesson on this subject, which was salutary. A lady with various hystero-neuroses applied for treatment. The uterus was sensitive to pressure per vaginam; she had headache, and backache; was tender over the left ovary; had dyspepsia, and was much constipated. I treated her with tonics, nervines, laxatives, and drained her uterus with cotton and glycerine; applied liniments to her spine, douched her uterus with hot water, and detained her under treatment for an entire autumn and winter, when she very wisely concluded to change her doctor. She fell into the hands of a surgeon of this city, now aged and crowned with the laurels of many victories. I refer to Dr. John Dickson, who discovered her trouble, divided the sphincter muscle, and in a fortnight put her on the highway which led to recovery. The lady continues well. I have never been picked up on a fissure since. I believe it is a good rule, when a patient complains much of constipation, or of having frequent small discharges, with pain or aching, to examine the anus for fissure.

How are we best to do this?

Place the patient on the left side, in Sim's position for uterine examinations; let the nurse or patient raise the right side of the nates with the right hand, while you, with the middle and index fingers of the left, spread out the folded integument of the superficial sphincter. Wipe it carefully with a little pledget of absorbing cotton, already moistened and held in a dressing forceps. If the folds of tissue are well spread out, and the light good, any "chap," "crack," "fissure," or "irritable ulcer" will be seen. If your patient is a female, lay down the forceps and insert the index finger of the right hand into the vagina, and turn out the lining of the sphincters more completely. I never use an anal speculum for such an examination. I once did so. A patient came a hundred miles to consult me for "piles." I discovered a fissure easily, but not satisfied, I introduced a rectangular anal speculum, and spread the blades to their full capacity, and examined for the "piles," which I assured the gentleman did not exist. I made an engagement with him to divide the sphincter on the following day. He did not keep the appointment, but appeared at my office several days after to say that since he had come to the city he had lost his trouble, and that his bowels moved now without pain. My examination had cured him, and I lost my fee. So now I do not use the speculum to make the examination.

Suppose you find no fissure, but one of several conditions we shall now review. The external sphincter, or both, are unusually irritable, hard and hypertrophied; the semi-mucous lining of the external is congested, and a well defined, bright red line occupies the bottom of one or more of the pouches, yet no breach of tissue is evident. Here is a case which will ere long undeceive you, if you will wait. But you need not delay to treat it as if a well marked fissure existed.

Suppose you find no lesion, but a hard, contracted external sphincter. You pass your finger through it; it seizes the finger with a tight grip; feels like a rigid os uteri; withdraw, pass a well oiled silver pocket probe ever so gently; notice, the muscle contracts and dilates and contracts again; it is preternaturally irritable. If you can find no other cause for the trouble, or if no stricture of the urethra exists, if such a patient be a male, treat him as if a fissure did exist. Irritable sphincter will lead to hypertrophied sphincter, and give rise, as we shall see, to curious phenomena. Sometimes you will find the anus is red and irritable; be gentle, but spread out the tissue smoothly; what was a moment before an unbroken surface will now show small cracks or chaps opening up at several points. The bowels have not moved for several days, and these little breaches, which were opened at the last stool,

were endeavoring to heal. Your examination has done what every motion of the bowels does for this patient. These are fissures. What I want to impress upon my reader is, that he will not always find the club-shaped ulcer, with red base and hard edges, which a novice will recognize as fissure. And that the symptoms of anal fissure are found with irritable sphincter, with or without hypertrophy, and that the neuralgia and spasmodic action of the muscles is sufficiently good reason for the same treatment as if the fissure were recognized. All fissures are not equally painful. If the fissure be crossed by a nerve filament, or expose the terminal end of such a filament, the pain is exquisite.

Having now decided that the neuralgia, or pain, or aching, as the patient may term it, is associated with a fissure, how are we to treat it? You may take your choice of medical or surgical means; you will not always, but sometimes will, succeed with the former, more especially if the sphincters are not hypertrophied. Ointments or lotions may be selected to allay the pain, while the bowels are kept soluble by confection of senna in ordinary form, or with medicated prunes, figs, or tamarinds, equal parts of precipitated sulphur and bitartrate of potash, or by the use of any or many of the natural mineral waters, domestic or imported. The diet should be bland, unirritating and easily digested. The patient should avoid active exercise as much as possible.

For ointments, there are a legion of formulæ; that which I am in the habit of using consists of belladonna, hydrarg. chloridi mitis, opium, oxide of zinc ointment, with a few drops of carbolic acid and a little cod-liver oil. The bowel should be bathed in warm water containing a little bicarbonate of soda, after stool, carefully mopped dry, and the ointment be applied. Once a day is enough, as a rule. A small bit of cotton wool rolled into a little ball may be inserted into the muscle; it acts as a splint, and gently presses the edges of the fissure and flattens them. Beyond this I do not attempt medical treatment, but prefer the surgical means, which are rapid and satisfactory.

There is one method of treating fissure, which I learned from the late Dr. Dale, by which I have cured the disease. This was such a case—

Mr. W. S., editor of a daily paper, applied to me for treatment of "a dysentery" which he had been suffering from for several months. An examination revealed a fissure. He declined to be cut or dilated, and I introduced into the anus every day, for about two weeks, a pocket probe dipped into a fifteen per cent. solution of nitrate of silver. Beyond keeping the bowels soluble, no other treatment was resorted to. He recovered, and has remained well for five years.

I treated other cases this way, but found relapses, and finally dropped the method. Two methods remain: the first is incision of the sphincter ani, first practiced by Boyer, of France, and forcible dilatation, first practiced by Recamier, a countryman of Boyer.

Boyer's operation consisted of complete division of both sphincters, cutting boldly into the connective tissue and fat of the ischial fossa on both sides; and this operation I have seen done in our city within a few years, although it has long ago been modified and greatly improved.

The modifications of the incision itself, and the manner of making it, vary. Boyer, in his operation, introduced a probe-pointed bistoury, turned its edge to the sphincter, and cut out; reintroducing the knife in the same manner, he divided the opposite side. British surgeons, soon after Boyer's discovery, proved that it was not necessary to divide the internal sphincter. Soon afterward they proved that it was not necessary to divide all of the superficial sphincter, but only so much of its fibres as lay at the bottom of the fissure.

This was the prescribed method of treatment until Recamier announced forcible dilatation, made by introducing the thumbs into the anus, hooking the fingers over the ischia, and stretching the muscles until their fibres were felt to part. These, then, are the methods of our time.

Shall we always use either of them? I have for several years done an operation which has never disappointed me, and which I have discovered is done by Mr. Syme in much the same way, which I prefer to either of these methods alone. The patient being etherized, I pass my index finger of the left hand into the rectum; with the right hand I introduce, about one centimeter from the verge of the anus, a curved bistoury, through the external sphincter, and carry it up behind the sphincter to the lower edge of the internal sphincter, where I push it through the tissue alongside my finger, and divide all the muscle over the blade. I now introduce both index fingers into the internal sphincter, and widely dilate it. A well oiled tent is placed in the wound, the bowels confined for three days, moved by laxatives, and at the end of a week the patient is cured. I never make it a point to divide the muscle through the fissure; if it is lateral, I go through it. If it is coccygeal or perineal, it is all the same, the result is equally good.

If the edges of the fissure are callous I pare them with scissors; If a little polypus is in view, I snip it off. I have dilated, without cutting, the sphincter, and have ruptured vessels which gave immense ecchymosis, and I could see the result of my violence longer than after cutting. And in two cases I have been obliged to cut the muscle, dilatation having failed.

I would not advise this method of operating as the best for all, or anybody. One who knows his anatomy, and is dexterous with a knife, will find it easy, quick and satisfactory. I usually complete the operation in less than a minute. But if greater precision be required, an anal speculum may be inserted, and the knife be drawn across the external sphincter at right angles to its fibres, beginning at Hilton's line, and dividing at least two-thirds of the muscle.

Some fissures are found where the sensitiveness, as demonstrated by the point of the probe, is confined to a small spot, which, when touched, will cause the patient to cry out. In such a case a nerve is exposed, and let the position of the fissure be where it may, I have found it good practice, before dividing the muscle, to incise to the depth of a millimeter the bottom of the fissure, thus dividing the nerve. For two weeks after the operation I keep the bowels soluble, and advise plain living, but rarely visit a patient beyond the fifth or sixth day. Spasm and irritability without hypertrophy of the muscle, where no fissure exists, is cured by division or dilatation alone; but if hypertrophy exists, division is the better method, for if the muscle is examined within a month or six weeks afterward, it will be found reduced in thickness to its original size—a change probably the result of fatty degeneration and absorption after the operation.

I have been prolix and tedious in this paper, for no motive save that of calling attention to a variety of diseases, especially frequent among women, and often the cause of a variety of hystero-neuroses often ascribed to uterine disease, when it may or may not exist. And I can assure all, that if they will carefully watch their cases of suspected uterine or bladder diseases, at least occasionally they will find an anal fissure the sole cause of their trouble.

—About a year ago Marion Hovey, trustee for her father, George O. Hovey, proposed to give $10,000 to the Harvard Medical School, "if its advantages could be offered to women on equal terms with men." The overseers have voted that it is inexpedient to recommend to the president and fellows of the university that the proposal be accepted.

Medical Societies.

MEDICAL SOCIETY OF PENNSYLVANIA.

THIRTIETH ANNUAL MEETING.

(*Concluded from p. 483.*)

Dr. I. N. Kerlin, of Media, read a minority report, as follows:—

Minority report of a Committee appointed by the State Medical Society to memorialize the Legislature to enact laws, if any be needed, to authorize the employment by managers of the Hospitals under control of the State, of Women Medical Superintendents for the female departments of said Hospitals:—

The undersigned regrets that he is placed in seeming opposition to the excellent men with whom he was appointed to coöperate.

The resolution under which this committee was nominated, page 33 of last year's *Transactions*, was hastily adopted by a few voices, in the midst of much confusion, when certainly the house was not in deliberative order.

Your Committee of the Minority cannot believe that it was the considerate purpose of the State Medical Society of Pennsylvania to pass over from intelligent and orderly deliberation to accidental, injudicious, and peremptory State legislation, a question that to-day is not settled, but belongs specially to the careful inquiry and experimental trial of the Boards of Managers of our various State Hospitals, under the assistance and advice of the medical men identified with them.

Believing that the Pittsburg session of May 30 was not in business order when this questionable resolution was passed upon; believing that the great majority of the members would have refused their consent to its passage had they understood its bearing, the undersigned would have been pleased to have met the Committee for an expression of your dissent.

The honorable chairman doubtless used his best endeavors to secure a meeting of his Committee, and I do not for a moment impugn his motives nor his methods.

The following is the substance of a letter addressed, on December 23d, by the minority to the members of the majority. I cannot but believe the position taken corresponds with that of this Society.

1. The whole matter of the official management of our State Hospitals should be left to the adjustment of the appointed managers and the medical superintendents of said hospitals.

2. The expediency or ripeness of the measure, either wholly or partially, contemplated in the Resolution of 1878, should be fully discussed in the existing Boards of Managers, and in the Association of Medical Superintendents of the Hospitals for the Insane.

3. If the State Society wishes to establish certain procedures, it is wise, prudent, and professional that, before this Society shall seek coercive legislation at Harrisburg, to affect radically, and possibly injuriously, the existing organization of our State Hospitals, it shall first confer, through its Committee, or otherwise, with the

Association of Medical Superintendents, and with the Board of Management, and endeavor to seek a line of mutual and fair understanding, on which all reasonable men may coöperate.

4. Any other course adopted, or allowed by the State Medical Society, is, to the mind of this minority, unwise and hasty, when we consider the gravity of the change proposed, and, toward that section of our membership, the worthy medical officers of our State Hospitals, ungenerous and unprofessional.

Dr. John L. Atlee, of Lancaster, moved that any further action upon this subject at this time was inexpedient and premature.

This was discussed at some length by Drs. Green, Davis and Sibbett.

On motion of Dr. Gallaher, of Pittsburg, both reports were received.

After some further discussion, the motion of Dr. Atlee was lost, by a vote of ayes, 29; nays, 37.

On motion of Dr. Albert H. Smith, of Philadelphia, the majority report was adopted as the sense of the Society.

On motion of Dr. J. W. C. O'Neall, of Gettysburg, the minority report was referred to the Committee on Publication.

Dr. John Curwen, of Harrisburg, read a report from the Committee on Epilepsy and Insanity.

By the terms of the resolution which appointed me a Committee to report on "the proportional number of epileptics who become insane," the county societies were requested to report to me the number of such within their knowledge. I have not received communications from any county society on the subject, and am not able, therefore, to give any information from such sources. But, that I may not be considered remiss in the performance of the duty assigned to me by the Society, I take the liberty to give some statements on the general subject of epilepsy, and its tendency to the production of mental disorders.

The distinction originally made by the French physicians between the great and the small, as applied to epilepsy, has not been as carefully considered as it should be, the effects of the two forms on the mental integrity being taken carefully into account. In the great epilepsy, that which is so generally called epilepsy, simply characterized by the violent convulsions, the disease may exist for a term of years, in many persons, without any manifest deterioration of the mental powers; and this will be the more evident when the attacks come on after maturity, and the individual has attained full development, because the different organs have attained their full strength and are better able to resist the invasions of disease. Very much, also, will depend on the original constitution of the individual and the freedom from any hereditary taint of any part of the nervous system; while something must also be allowed for the particular organ of the body which, by its disease or disordered action, may have induced the epilepsy; some organs, from their very extensive nervous connections, being much more influential than others.

When the epilepsy commences in childhood or early life, it will be much more likely to impair the mental powers, for the obvious reason that the nervous system being in a formative state and very susceptible to morbific influences, will be much more readily disordered, and the functions, consequently, more or less disturbed; and the extent and degree of that disturbance will depend very much on the frequency and duration of the convulsize seizures.

In the small epilepsy, the disease is manifested by very slight attacks of unconsciousness, often merely an interruption in conversation, continuing for a few seconds only, and most generally attributed to a variety of other causes, and not considered of any serious import, and on this account the disease may exist for a long period unnoticed, and its character unsuspected, more particularly if the attacks should occur during the night.

It has been generally held that this form of the disease is much more fatal to the mental integrity than the other form, from the insidious nature of the attacks, and their long continuance unsuspected; very few cases afflicted with this form of the disease preserve their mental soundness.

So far as I have been able to ascertain, no statistics exist which will give even an approximate estimate of the proportion of epileptics whose minds are affected by the invasions of the disease.

On motion, the report was accepted and the committee continued.

The Permanent Secretary, in the absence of Dr. A. Fleming, of Pittsburg, read the address in Medicine. It was a careful examination into a malady termed "Emotional Fever," giving its differential diagnosis from typhoid, etc., its prognosis, symptoms, pathology and treatment.

It was referred to the Committee on Publication.

Dr. Joseph Parrish, of Burlington, N. J., being present, was invited to a seat with the officers.

Dr. Ellwood Harvey, of Chester, read a paper, entitled "Cholera Infantum." He detailed the symptoms, etc., and gave great prominence to his method of treatment, for which he claimed the best results, viz., blisters to the head, to relieve the brain trouble, which he regarded as the whole source of danger. He detailed a number of cases in which the best results had followed this mode of treatment.

After some discussion, it was referred to the Committee on Publication.

Dr. John H. Packard, of Philadelphia, read a paper on the Diagnosis and Treatment of Fractures near the Joints.

This was discussed by Drs. Atlee and Hodge, and referred for publication.

Dr. Richard J. Levis, of Philadelphia, read a paper on "Fracture of the Radius at its lower end," and exhibited a new splint, which he believed was the best means of keeping the displaced parts in their normal condition until the repair had been accomplished. The splints are struck by a die, in copper, and tinned.

This was referred for publication.

On motion of Dr. J. S. Crawford, of Williamsport, it was

Resolved, That the Medical Society of the State of Pennsylvania, now in session at Chester, Delaware County, views with the deepest satisfaction the progress of the Senate Bill, to create a

State Board of Health, in the House of Representatives, seeing in it a promise that our great Commonwealth will not long remain behind our little sister State of Delaware in establishing this much needed agency for the better protection of the lives and health of our citizens.

Resolved, That this resolution be forwarded by telegraph, to the appropriate officer of the House of Representatives.

On motion of Dr. Michael O'Hara, of Philadelphia, it was

Resolved, That the bill now before the Legislature of this State, providing for the legal restraint of habitual drunkards in asylums especially designed for the treatment of those so unfortunately affected, commands the entire sympathy of this Society, and that we do not hesitate to urge upon the House of Representatives the duty of providing such a resource for the victims of inebriety and the protection of their families and their property.

Resolved, That this resolution be communicated to the proper officer of the House of Representatives, by telegraph.

The Permanent Secretary having announced that the Censors had approved the Constitution, etc., of Greene County Medical Society, on his motion, that body was recognized as in proper working connection with the State Medical Society.

On motion, the Society adjourned to meet at 2½ P.M.

AFTERNOON SESSION.

The President called the Society to order at 2½ o'clock.

On motion of Dr. Albert Fricke, of Philadelphia, all miscellaneous business was limited to fifteen minutes, and all discussion on one subject to five minutes.

The Committee on Publication reported.

The report was read, and the bills allowed.

Dr. Benjamin Lee, of Philadelphia, offered the following:—

PHILADELPHIA, May 21, 1879.

Dr. J. L. STEWART, President Medical Society of the State of Pennsylvania.

DEAR SIR:—I beg leave to present to the Medical Society of the State of Pennsylvania, through you, a copy of the Charter and By-Laws of the "Mutual Aid Association of the Philadelphia County Medical Society." This Association has been formed within the Society during the past year, for the purpose of providing against the recurrence among the members of this Society of those sad cases in which medical men, after lives devoted unselfishly to the cause of science, have died, leaving their widows and orphans dependent on the cold charities of the outside world. That such instances have taken place in our own city and county, and that not among the obscure or the unworthy, but among the bright and shining lights of the profession, those who had been honored with the highest office in the gift of our Society, was felt to be a burning stigma. That they shall not take place in the future, if the profession can be aroused to a sense of its responsibilities in this important matter, is our firm resolve. The experience of similar associations in a neighboring city, of sufficient duration to be conclusive, has been most encouraging. They have been enabled, by the steady growth of their funds from gifts and legacies, as well as from annual dues, to save the families of many of their deceased members from penury and distress. In one instance the family of a member, whose entire contributions had only amounted to forty dollars, received, during a series of years, fully two thousand five hundred dollars.

Apart from these obvious pecuniary advantages, however, and the satisfaction of feeling that those nearest us and dependent upon us are securely protected from want in the event of misfortune overtaking us, it is confidently hoped that a spirit of brotherhood will thus be fostered in the ranks of our profession, subversive of cliques and cabals, and leading us to look on one another less as rivals in the race for honor and competence, and more as comrades, entitled to one another's support, comfort and fraternal affection.

This communication is made partly in the hope that other county societies in affiliation with the State Society may be led to consider whether similar organizations might not profitably be formed within their own bodies. In the more sparsely settled regions of our State several societies might unite for the object of mutual self-protection.

With assurances of my sincere personal regard, believe me, dear sir, yours respectfully,

BENJAMIN LEE, M.D.

President Mutual Aid Association Philadelphia County Medical Society.

On motion of Dr. J. T. Carpenter, the communication and the Charter and By-Laws of the Mutual Aid Association were referred to the Committee on Publication, for publication in the *Transactions*.

On motion of Dr. George Hamilton, of Philadelphia, it was

Resolved, That it be and is hereby recommended to the editors of the various medical publications throughout the country to take into consideration the propriety or necessity of appropriating a larger space in their respective journals to the general practice of medicine and surgery, and a more limited space to subjects that interest only a moderate number of our profession.

The Permanent Secretary read an appeal by Dr. J. P. Seiler, from the action of the Dauphin County Medical Society in his case.

Action on it was temporarily postponed, in order to hear the report of the Committee on Nominations, as follows:—

President—Dr. Andrew Nebinger, of Philadelphia.

Vice Presidents—Drs. Wm. B. Ulrich, of Delaware; Jacob L. Ziegler, of Lancaster; Geo. A. Lynn, of Washington; Joseph A. Murphey, of Luzerne.

Permanent Secretary—Dr. Wm. B. Atkinson, of Philadelphia.

Recording Secretary—To be left to Blair County Society.

Corresponding Secretary—Dr. O. H. Allis, of Philadelphia.

Committee on Publication—Drs. Wm. B. Atkinson, Benj. Lee, Wm. Goodell, O. H. Allis,

J. G. Stetler, Jas. Tyson, Philadelphia; I N. Kerlin, Delaware.

Committee of Arrangements—To be selected by Blair County Society.

Delegates to the American Medical Association.—Drs. J. L. Stewart, of Erie; Jas. Tyson, Philadelphia; Jno. T. Carpenter, Schuylkill; Louis Kuhn, Berks; M. F. Hudson, Mifflin; Jas. M. Shearer, York; J. S. Crawford, Lycoming; Jas. B. Eby, Perry; Jonathan E. Bulkeley, Luzerne; R. B. Brown, Jefferson; Nesbit McDonald, Allegheny; A. M. Miller, Lancaster; J. L. Blatchley, Washington; Isaac Purcell, Montour; S. R. Rutledge, Indiana; I. R. Swigert, Snyder; Chas. Stubbs, Chester; Robert Horner, Adams; Ellwood Harvey, Delaware.

Delegates to the New Jersey Medical Society.—Drs. O. H. Allis, Philadelphia; J. S. Crawford, Lycoming; Geo. R. Welchens, Lancaster; Geo. Stiles, Montgomery.

Delegates to the New York Medical Society.—Drs. A. R. Blair, York; A. Thayer, Erie; Jas. Ogilby, Montour; S. S. Koser, Schuylkill.

Delegates to the Ohio Medical Society.—Drs. Stephen A. Craig, Beaver; W. C. Evans, Erie; Geo. A. Lynn, Washington; Sumner Stebbins, Chester.

Delegates to the Delaware Medical Society.—Drs. W. W. Dale, Cumberland; R. B. Ewing, Chester.

Delegate to the West Virginia Medical Society.—Dr. H. G. Chritzmann, Franklin.

Delegates to the Maryland Medical Society.—Drs. W. S. Roland, York; J. W. C. O'Neall, Adams; Frank Emack, Schuylkill; Alex. Craig, Lancaster.

Delegates to the Massachusetts Medical Society.—Drs. Jno. W. Hughes, Indiana; A. H. Halberstadt, Schuylkill.

Delegate to the Connecticut Medical Society.—Dr. Thos. J. Birch, Schuylkill.

Censors.—1st District. Drs. A. Fricke, Philadelphia; Isaac N. Kerlin, Delaware; Jas. Fulton, Chester.

2nd District. Drs. J. B. Walton, Bucks; Traill Green, Northampton; Wm. B. Erdman, Lehigh.

3d District. Drs. Hiram Corson, Montgomery; W. Murray Weidmann, Berks; D. W. Bland, Schuylkill.

4th District. Drs. Brainerd Leaman, Lancaster; H. O. Whitman, Dauphin; H. O. Orris, Perry.

5th District. Drs. S. B. Kieffer, Cumberland; J. W. C. O'Neall, Adams; Jno. W. Kerr, York; Samuel G. Lane, Franklin.

6th District. Drs. A. H. Shaeffer, Mifflin; D. P. Miller, Huntingdon: Jno. Fay, Blair; J. G. Wilson, Cambria; D. S. Griffiths, Bedford.

7th District. Drs. W. S. Duncan, Fayette; D. G. McConaughy, Westmorland; Wm. Anderson, Indiana.

8th District. Drs. W. S. Foster, Alleghany; S. L. Blatchley, Washington; D. S. Marquis, Beaver.

9th District. Drs. Samuel Graham, Butler; E. Griswold, Mercer; W. S. Welsh, Venango; Jas. Ross, Clarion.

10th District. Drs. A. S. Bonsteel, Erie; T. J. Young, Crawford; David Best, Crawford.

11th District. Drs. A. Hibler, Centre; C. K. Thompson, Tioga; Thos. Lyons, Lycoming.

12th District. Drs. Jas. D. Strawbridge, Montour; E. R. Mayer, Luzerne.

13th District. Drs. D. N. Newton, Bradford; S. A. Smith, Susquehanna.

Next meeting to be held at Altoona, on third Wednesday in May, 1880.

THOS. LYONS, *Chairman.*
ALBERT H. SMITH, *Secretary.*

On motion of Dr. Dale, the report was accepted, and the officers were declared elected for the ensuing year.

Dr. Jacob Price, of West Chester, announced the death of Dr. Isaac Thomas, and offered the following:—

"WHEREAS, This Society has heard with regret of the death of Dr. Isaac Thomas, a member from Chester county, and one of the founders of the Medical Society of the State of Pennsylvania; therefore,

"*Resolved*, That this Society hereby express their profound regard for their late fellow-member, so long an active worker in our ranks, and whose memory will be cherished as one of the honored founders of this Society."

After some touching remarks by Dr. J. L. Atlee, the preamble and resolution were unanimously adopted.

Dr. O. H. Allis, of Philadelphia, read a paper on the "Diagnosis of Fractures near the Hip," etc.

It was referred to the Committee on Publication.

The Treasurer, Dr. Lee, read his report, showing a balance in the Treasury of $1067.16.

It was referred to an Auditing Committee, consisting of Drs. Thomas Lyons, S. T. Davis and W. W. Dale.

Dr. R. A. Cleemann, of Philadelphia, read the Address in Hygiene.

He urged the importance of cultivating the science of hygiene, and deprecated the usual habit of claiming and expecting so much from hygienic measures. He alluded to sewer gas as a supposed cause of all zymotic diseases, when typhoid fever was as frequently the result of the use of foul drinking water. He instanced the prevalence of this fever in many sections of this country where no sewers are found. Less than one-third of the deaths from typhoid fever in large cities can possibly be from sewer emanations. If this cry leads to correction of leaky pipes and foul mains, it is well, but if we assert this as a cause, and it be removed while the disease continues to prevail, such a condition of things would grievously impair the standing of the medical man, and give rise to a suspicion of want of knowledge, etc. Cleanliness alone will not prevent all disease. Cholera infantum rages as fiercely among the cleanly kept portions of the city as elsewhere.

He alluded to cancer as on the increase, it having caused, in Philadelphia alone, during the last seventy years, over 6000 deaths, or over half the number of deaths during the same time from smallpox. Comparing earlier times, we reach a yet more alarming account. From 1807 to 1811 the deaths from cancer were 45 per thousand, while from 1872 to 1876 the ratio was 16.4,

an increase in 66 years of 400 per cent. This ghostly malady, the clutch of which is certain death, gathers to itself, even after allowance for increase of population, twice as many victims as in the beginning of the century. Allowing for varying meteorological conditions and epidemics, we find in the period from 1862 to 1866 a yearly average of 3.14 deaths to 10,000 of the population, while from 1872 to 1876 the ratio was 3.92 per 10,000, making an advance of 25 per cent. In London, the statistics are similar. During thirty years, from 1845 to 1874, the rate advanced from 3.4 per 10,000 to 5.7 per 10,000, an increase of 70 per cent. While the death rate has increased, there has not been a parallel advance in the method of diagnosis. What may be expected from those who live two generations hence? The origin of the disease still remains a mystery. Heredity plays an important part in producing and perpetuating this malady, and to those inheriting a predisposition to this fearful ailment the advice would be marry not at all.

He alluded with much congratulation to the establishment of the National Board of Health, the prospect of a State Board in Pennsylvania, with auxiliary organizations in each county.

On motion, the address was referred to the Committee on Publication.

The Auditing Committee reported that they had examined the accounts of the Treasurer, and had found them correct.

The report was received, and the Committee discharged.

Dr. Benjamin Lee exhibited his method of applying the porous felt jacket for curvature of the spine. The special advantage over the plaster-of-Paris jacket was its capability of being removed, for cleanliness; allowing the excretions to escape, etc. He then exhibited a patient to whom it had been applied, and extended him in the proper way for applying the jacket.

Dr. Hiram Corson, of Conshohocken called up the case of Dr. Seiler, and asked that Dr. Traill Green, of Easton, who had been a party to the arbitration at Pittsburg last year, might be allowed to make a statement.

On motion of Dr. W. W. Dale, of Carlisle, this was allowed.

Dr. Green then explained the arbitration, etc., and said that all understood that this settled the affair.

Dr. Atlee then urged its reference to a special committee, to report at this session.

Dr. Curwen moved, as a substitute, that this Society now approve the action of the Censors of the 4th District.

After some discussion, by request the report was again read, when Dr. Andrew Nebinger, of Philadelphia, raised the point of order that the report was incomplete, inasmuch as it contained no date or locality.

The President decided the point as well taken, and ruled the report and Dr. Curwen's motion out of order.

On motion of Dr. Wm. Pepper, of Philadelphia, it was agreed that a special committee should be appointed by the President to investigate the status of Dr. J. P. Seiler, and report at the next annual session.

Vice President Dr. J. T. Carpenter having taken the chair, Dr. Pepper read a paper entitled "A Clinical Contribution on Exophthalmic Goitre;" he gave the symptoms and causes of the disease, its pathology and treatment, and detailed the history of thirty-one cases, ranging from childhood to old age. It was most frequently observed in children, and was largely due to anæmia, hard work, anxiety and poor food. His treatment was the use, in large doses, of iron, especially the dialysed form. On motion it was referred to the Committee on Publication.

The President now resumed the chair.

Dr. J. V. Shoemaker, of Philadelphia, read a paper on the External Treatment of Skin Diseases, and exhibited a variety of soaps, oleates, etc., which he had found useful. The paper was referred to the Committee on Publication.

The President then introduced Dr. H. Genet Taylor, of Camden, N. J., a representative from the Medical Society of the State of New Jersey.

Dr. Taylor was invited to a seat with the officers, and made a few appropriate remarks.

Dr. Geo. Hamilton, of Philadelphia, offered the following resolution, which was rejected—

Resolved, That it be and hereby is recommended, that papers to be read before this Society be held within such limits as will afford time for brief and pointed discussion thereon, so that the valuable experience of members may find opportunity for expression.

On motion of Dr. Ulrich, it was agreed that this Society shall meet next year, at 9 A.M., on Wednesday (the first day), and continue in session four days, if business offers.

Dr. P. D. Keyser, of Philadelphia, read a paper on Color Blindness, being the result of an examination of workmen on railroads. Three and a half per cent. were color blind, mistaking one color for another. Eight and a half per cent. could not distinguish shades. The first were, therefore, unsafe to employ where the color of signals becomes important. He found two men thus blind who had educated themselves to know red from green, because the former was more intense. Green was to them a deep or dull color, hence dark red, dark green and brown were all green to them, and they would call them such. This showed them to be unsafe as signal men. Again, he found that they could distinguish bright red when within three feet, but at ten, twenty or thirty feet it was called green. He stated that the study of color had been introduced into some of the lower classes in the schools.

Dr. O. H. Allis, of Philadelphia, offered the following amendment to the Constitution:—

AMENDMENT TO ARTICLE V, SECTION 10.

"If any member or members of a county medical society shall violate the code of medical ethics, it shall be the duty of said county medical society to discipline said member or members, and if any county medical society shall refuse or neglect to do so, it shall be the duty of the Censor of the State Medical Society, on being notified of such delinquency, to officially notify said medical society of the charges made against it. And in case said county medical society shall neglect or refuse to investigate said charges, and to discipline the member or members so

charged, within six months from the time so officially notified, said county medical society shall forfeit all its privileges and connections with the State Medical Society, and the severance shall be publicly announced at the ensuing annual meeting of the State Medical Society."

Objection having been made to its immediate adoption, according to rule, it laid over till next session, in 1880.

On motion, the Society adjourned to meet on Friday at the Institution for Imbeciles, at Media.

MEDIA, INSTITUTION FOR IMBECILES,
Friday May 23d.

The President called the Society to order at 9½ A.M.

He announced as the Committee to investigate the status of Dr. J. P. Seiler, as ordered by resolution of yesterday:—Drs. Traill Green, Easton, Chairman; Thos. Lyons, Williamsport; Alex. Craig, Columbia; J. W. C. O'Neall, Gettysburg; W. F. Knox, McKeesport; J. S. Crawford, Wilkesbarre; and Wm. Anderson, Indiana.

The Permanent Secretary read the following, which was ordered to be entered on the minutes:

DERRY STATION, PA., May 20th, 1879.

To the Medical Society of the State of Pennsylvania—

Having been appointed as one of your delegates to the Medical Society of the State of West Virginia, I attended the annual meeting of that body, and in consequence of being unable to attend the present meeting of our Society I submit the following report:—

The Society met in the Court House at Weston, on Wednesday, May 22d, at ten o'clock A.M., and was called to order by Dr. Wm. M. Dent, First Vice President, who, in the absence of the President, Dr. James H. McSherry, occupied the chair. The attendance at this session was not as large as on some previous occasions, on account of the want of railroad facilities, the town of Weston being twenty-three miles from Clarksburg, the nearest railroad station.

Upon being introduced by Dr. A. H. Kunst, as a delegate from the Medical Society of Pennsylvania, I was invited to be seated with the members and to participate in the proceedings, after which I tendered your fraternal feelings, and assured them that the Medical Society of the State of Pennsylvania recognized in them a body who are alive to the promotion of the best interests of the profession and the advancement of true medical science.

The papers read were of a high order of excellence, and called forth interesting discussions.

Notwithstanding the fact that their Society is young in years, having been organized since the close of the war, its members are full of life, and striving with zeal and energy to elevate the profession in their State, and to dispel from their midst the *Herb Doctors*, *Quacks*, and the many *Humbugs*, by whose ignorance and mismanagement of disease so many of the human family are brought to untimely graves.

During the afternoon of the first day's deliberations the society visited the West Virginia Hospital for the Insane, which is located at this place, and were shown through the various wards. A reception and entertainment were given in the Hospital in the evening, where the citizens paid their respects to the Society. Thanking the Society for the honor conferred in sending me as a delegate, I am, very respectfully,

I. P. KLINGENSMITH.

A bill for fifteen dollars, from the Committee on Female Superintendents, etc., Dr. H. Corson, Chairman, was presented, and ordered to be paid.

The Permanent Secretary read the following resolution, as having been adopted at the last session of the American Medical Association:—

"*Resolved*, 1. That the American Medical Association adopts the International Metric System, and will use it in its *Transactions*.

"2. Requests that those who present papers at its future meetings employ this system in their communications, or reprints thereof.

"3. Requests the medical boards of the hospitals and dispensaries to adopt the Metric System in prescribing and recording cases; and that the faculties of the medical and pharmaceutic schools adopt it in their didactic, clinical or dispensing departments.

"4. Requests the physicians familiar with the Metric System to help their confreres and the druggists in its application; and the delegates present at this session to work up the acceptance of the Metric System by their respective county and State Societies.

"5. Requests our President to name a Metric Executive Committee, of which he shall be the ex-officio Chairman, and whose task it will be to give unity and rapidity to this Metric movement."

On motion, the communication was entered upon the minutes.

A note from Dr. Joseph A. Reed, of Dixmont, was read, regretting his inability to be present and present the Address on "Mental Disorders."

The President announced the following:—

To prepare the Address on "Medicine," Dr. Thos. W. Shaw, of Pittsburg.

Address on "Obstetrics," Dr. John T. Carpenter, of Pottsville.

Address on "Surgery," Dr. John H. Packard, of Philadelphia.

Address on "Mental Disorders" Dr. Isaac N. Kerlin, of Media.

Address on "Hygiene," Dr. Benjamin Lee, of Philadelphia.

The Committee on Unfinished Business reported no unfinished business.

Dr. John Curwen, of Harrisburg, read a paper on Nocturnal Epilepsy.

By request of the author this was not referred.

The report of the Committee on State Board of Health was read, accepted, and the Committee continued until their work had been completed.

REPORT OF COMMITTEE ON STATE BOARD OF HEALTH.

Your Committee respectfully report, that in accordance with their instructions, they addressed a memorial to the Legislature, urging the passage of the bill reported by the State Society, and personally visited Harrisburg for the purpose of impressing upon the members the importance of

the measure. In the meantime, another bill upon the same subject was introduced in the Senate, and your Committee judged it expedient to give their support to this, as amended at their suggestion, rather than run the risk of jeopardizing the interests of both. The following is the bill as thus amended, which has passed the Senate and is now on second reading in the House. While omitting some important details contained in our own bill, it introduces a valuable feature, that of County Boards of Health, which may be considered an equivalent. While not venturing to make a confident prediction as to the final action of so uncertain a body as a State Legislature, we are able to say that the Act has reached a further stage than any previous one for the same purpose.

Signed, W. B. Atkinson, *Chairman.*
Benj. Lee.

On motion of Dr. T. J. Gallaher, of Pittsburg, the thanks of the Society were returned to the Committee for their labors in the matter.

Dr. B. Lee, of Philadelphia, offered a special vote of thanks to the Camden and Atlantic R. R., for their courtesy to the Society, and the Secretary was requested to transmit to its officers a copy of the resolution.

Bills from the Committee of Arrangements, to the amount of $78.32, were ordered paid.

By request, Dr. Joseph Parrish made some remarks on Inebriate Asylums.

On motion of Dr. Green, Dr. Parrish was requested to prepare his remarks for publication, and a vote of thanks was returned to him.

On motion of Dr. Lee, the Committee on Publication were requested to publish with these remarks the memorial and bill for the care of inebriates.

On motion, a recess was taken, in order to allow Dr. Kerlin to exhibit the building and the mode of training the children.

After the members had been most satisfactorily entertained, by a thorough examination of the building, etc., and by an exhibition of the modes of training and instructing the children, the Society was again called to order by the President.

Dr. Edward Seguin, of New York, was invited to a seat on the platform.

The Committee on Columbia County reported as follows:—

Chester, May 22d, 1879.

To the President, etc., of the Pennsylvania State Medical Society:—

Gentlemen:—The Committee to whom was referred the communications presented to the Society by the corresponding Secretary, Dr. Oscar H. Allis, respectfully report the following resolutions, and ask their adoption, viz.:—

Resolved, That the communications and correspondence presented to the Society by the Corresponding Secretary, Dr. O. H. Allis, in regard to Dr. A. L. Turner, of the Columbia County Medical Society, be, and they are hereby referred to said county Society, for its consideration and action.

Resolved, That, if said Columbia County Medical Society shall not consider and take action upon the charges embodied in the communications and correspondence presented by the Corresponding Secretary to this Society, before its meeting to be held in 1880, that the Columbia County Medical Society shall be stricken from the list of the Societies which have a right to representation in this body.

A. Nebinger,
A. H. Halberstadt,
J. A. Murphy,
A. Thayer,
Traill Green.

On motion, the report was received and the Committee discharged.

Dr. William H. Pancoast, of Philadelphia, showed the Society a new urethrotome of his devising, which he had successfully used, operating with it in nineteen cases of stricture of the urethra. The construction of the instrument is very simple. It is fashioned after the shape of the staff of Prof. Simes, of Edinburg. In Dr. Pancoast's urethrotome the probe end is hollow, and is passed down upon a whalebone filiform bougie into the urethra; the shoulder of the instrument strikes the stricture, and a small, concealed knife is then pushed forward from the shoulder, cutting the stricture band in any way desired. The instrument seemed to be a great improvement on others, from its simplicity and strength, there being no delicate joints which might break or rust. It also seemed a safe one, as the whalebone guide must first be passed, and then the urethrotome is pushed surely and directly into the bladder, over the whalebone bougie.

He then spoke of methods of excising the upper jaw, for cancer. He demonstrated from a skull the anatomical structure and attachments of the upper jaw to the other bones of the face. He showed how prominent is the malar bone, and how important a bone it is in the structure of the face, supporting the cheeks, and preserving the expression. This bone is one of the hardest and most solid in the skull, and as Dr. Pancoast had found it often healthy and sound, even in the worst cases of cancer of the upper jaw, he was led to save it, both for the preservation of the shape of the face, and so as not to remove any more bone than was absolutely necessary. His plan, as he described it, is, after opening up the face by a sweeping incision from the ear, just in front of the temporal artery, forward, in front of Steno's duct, and then through the upper lip, to attack the jaw, at first in the usual way, cutting through the palate process, then the nasal process of the bone. He then passes an eyed probe, or large curved needle, armed with a ligature, beneath the eyeball, and down through the sphenoidal fissure, which is in the floor of the orbit. This ligature then pulls through a chain saw, which divides rapidly the attachment of the upper jaw to the malar bone. He then, with a chisel, pries out the jaw bone, cutting at the same time the superior and inferior maxillary nerves, leaving the malar bone in position, and uninjured. The speaker said he had used this method already in four cases, one recently, in the clinic of Jefferson College Hospital, and was much pleased with the result. The contour of the jaw is preserved, and it is remarkable how little deformity exists after such a severe operation.

He spoke of synovitis of the joints, and showed how articular cartilage does not ulcerate, but is absorbed away by the inflamed vascular and thickened synovial membrane. This he illustrated by referring to cases where he had been obliged to exsect joints, and even amputate limbs, for advanced cases of synovitis, accompanied by caries and destruction of the bones. In no case did he ever find the articular cartilage inflamed, but softened and macerated, as in a macerating tub, while the synovial membrane was vascular and swollen, and could be lifted up from the surface of the articular cartilage, which it was softening and absorbing. He has saved many joints by attending to this pathological fact. In cases of synovitis he employs the well-known principle of gently keeping the joint extended, and then, by counter-irritation over the joint, and such constitutional treatment as may be needed in addition to the rest, has made many cures, thus saving joints and limbs.

The speaker showed a splint that he had just removed from a patient affected with synovitis of the right wrist. The seat of greatest pain being where the metacarpal bone of the middle finger articulated with the os magnum. The wrist was nearly twice as thick as the other. The lady said she had been suffering for three years, and had been under treatment. She showed a prescription of mercury and iodide of potassium that had just been given her. The splint, a simple shingle, covered with black silk, had a hole in the front part of it, large enough for the fingers to play through. To the rim in front the hand was fastened by a strip of silk or bandage, tied into a loop of plaster fastened around the hand. The other end fastened by adhesive strips to the forearm, just below the elbow, so as to keep the wrist joint gently and firmly extended. The specific medicine was not given, and no medicine, but a succession of blisters on the back of the wrist, over the point most tender to pressure. She has been under treatment for about three weeks. The soreness has all disappeared, and the hand is comfortable and natural, save the undue thickness of the wrist. The patient is still under observation.

He mentioned another case, of rheumatic synovitis of six weeks' standing, accompanied with great pain, swelling of the joint and a grating at the inferior radio-ulnar articulation. The patient showed the evidences of great suffering and loss of sleep. A similar splint and treatment was instituted, with additional treatment for the rheumatic diathesis. The patient, a woman, was much better, but still under treatment and wearing the splint.

He mentioned two cases of synovitis of the wrist of the right hand. One caused by a gunshot wound, another from a blow. Both patients, men, insisted upon having their hands amputated. But the speaker said he refused to do so, and saved both hands. In one, a private case, he split the hand to the wrist and cut out the middle finger, corresponding metacarpal bone and diseased bones of the wrist, bringing the hand together again. In the other he exsected the wrist joint, and cut off the radius and ulnar, at the Philadelphia Hospital. Both cases resulted successfully, and the patients are earning their living as clerks, writing with the same right hands they wished amputated.

The speaker mentioned another case of synovitis of the ankle joint, with caries, resulting from a gunshot wound. (The patient a lieutenant in the Union army during the Rebellion, and shot in Florida.) The speaker split the foot to the ankle joint, removed the second toe, corresponding metatarsal bone and the diseased bones of the tarsus. After tying the blood vessels, he united the wound, and the patient is walking on his foot now. This patient had suffered so much that he wished his foot amputated.

He also mentioned that for some years he had been using black sewing silk as a suture, and that he preferred it usually to all others. It could always be obtained from a lady's workbox. The iron used in the dye made it easily supported by the flesh, and from its color he could use a finer ligature than of white, as it could be so easily seen. In plastic surgery, he found the flesh endured its presence for a long time; from the color, it could always be readily found without disturbing the wound, and it could be made as strong as desired by simply waxing some threads together, and if needed, could be carbolized.

The President appointed Vice Presidents Drs. T. J. Gallaher and J. T. Carpenter, to escort the President-elect to the chair.

Dr. Ulrich, Chairman of Committee of Arrangements, offered a paper on removal of an intraocular (living) cysticercus from the eye of a man, by Dr. Jas. E. Garretson, of Philadelphia, with remarks by Dr. Chas. S. Turnbull, of Philadelphia.

It was referred to the Committee on Publication.

The President-elect, Dr. Andrew Nebinger, of Philadelphia, was now presented, and the retiring President made some remarks, thanking the Society for the confidence reposed in him.

Dr. Nebinger took the chair and gave a brief address, thanking the members, etc.

On motion of Dr. John L. Atlee, thanks were returned to the retiring President, for the able and impartial manner in which he had administered the duties of his office.

The Vice Presidents then took their positions. Dr. Gallaher introduced Dr. E. Seguin, and he gave, by request, some remarks on idiocy and its treatment.

On motion of Dr. Atlee, the thanks of the Society were returned to Dr. Wm. B. Ulrich, Chairman of the Committee of Arrangements, and to Dr. Isaac N. Kerlin, for the manner in which they had cared for the wants of the Society and had contributed to the success of the meeting; to the officers of the Society, for their earnest labors in the performance of their duties; to the various railroad companies, for courtesies extended to the delegates.

On motion, the Society adjourned, to meet in Altoona, on the 3d Wednesday of May, 1880, at 9 o'clock, A.M.

—Experienced and reliable nurses for private cases can now be secured by applying at the Pennsylvania Hospital.

NORTHERN MEDICAL SOCIETY OF PHILADELPHIA.

STATED MEETING, MARCH 28TH, 1879.

Dr. J. T. Eskridge read a paper upon "Functional Disorders in Digestion."

Dr. E. E. Montgomery remarked that he had derived great advantage, in one form of dyspepsia, from the use of silver nitrate combined with hyoscyamus. He meant not a simple relief of one attack of indigestion, but a full recovery of the powers of the stomach, so as to be able to digest as formerly (pork, for example).

Dr. Robert Burns remarked that he had found the disorders most prevalent among two classes in society: first, those who habitually consume large quantities of food, great eaters; second, those who consume large quantities of liquids, great drinkers. He thought that the bad habits of living, too rapid eating, and especially improperly prepared food and bad cooking, were the two most frequent among the immediate causes of dyspepsia. He also believed tobacco to be a most fertile cause. The common practice of treating acid pyrosis by alkalies he could not too heartily condemn. He found most benefit from tonics, as iron and strychnia, nitro-muriatic acid, etc.

Dr. E. R. Stone called attention to the small doses of pepsine usually given, the amount far too small to be of much assistance in the solution of food, as shown by artificial digestion. He suggested that it might in some way act as a stimulant. He also called attention to the apparent aid to digestion given by a small amount of tobacco.

Dr. Eskridge remarked that he believed that the movements of the stomach, together with the rapid absorption, accounted for the relatively large dose of pepsine required for artificial digestion, though he gave larger doses than many—rarely giving less than ten grains, three times a day.

Dr. E. E. Montgomery presented a tumor, oval in outline, three-quarters of an inch by half an inch in diameter, which he removed from the second phalanx of the ring finger of a child about ten years old. It was situated on the dorsum of the finger, and apparently in the connective tissue, beneath the skin; said to be congenital, and that it had increased in size during the past year.

Dr. L. B. Hall had made a microscopic examination of the tumor, which he found to consist of concentric layers of epithelial cells, in various stages of fatty degeneration. The tumor was, therefore, a "sebaceous" one. He thought the locality a rare one.

Dr. H. Rihl said he remembered removing a similar tumor some years ago, from the eyelid of a young lady, aged about 18. The tumor was said to have been congenital, and excited considerable interest at the time, because he found hairs growing from the interior wall of the tumor.

Dr. Hall remarked that if the commonly received theory of origin of these tumors be the correct one, viz., that they are plugged up sebaceous glands, the wonder is that hair is not more commonly found.

EDITORIAL DEPARTMENT.

PERISCOPE.

On Chronic Ovaritis and its Treatment.

In a late lecture reported in the London *Medical Times and Gazette*, Dr. J. Matthews Duncan says: Occasionally this disease is seen as a consequence of fever, especially typhoid, cholera, rheumatism; and, in close connection with these diseases, it is very frequently a result of the use of alcoholic liquors, even when these are not taken to excess. At present my impression is that that is a most frequent cause of the disease; and this view of the causation of the disease is in the most gratifying manner frequently corroborated, if not proved, by the cure which follows upon the adoption of teetotal living. A great mass of cases occur as a consequence of recent marriage, suppression of menstruation, abortion, and delivery at the full time, when there is no evidence of blood poisoning. In a certain class of women you have the disease occurring in its most characteristic form; and it is in young strumpets that the disease is best studied. There it is a consequence of gonorrhœa. The inflammation extends to the ovaries. It may be chronic for a considerable time, and produce, as its chief annoyance to the patient, slight loss of blood, in consequence of the endometritis which in this case accompanies it. Then the disease may produce perioophoric adhesions; and, under proper treatment, you may watch the disappearance of these perioophoric adhesions and the disappearance also of the ovaritis. It is in cases of young strumpets that I have learned most of what I have been describing to you to-day. Now a few words on the treatment; and I begin by telling you that you will find a great many cases chronic—which is almost a synonym for incurable. I advise you, indeed, in many cases which resist a properly conducted treatment, to give up the attempt at cure. You will only bother your patient, make her a valetudinarian, and do her harm, by further persistence in attempting to cure a disease which proper treatment has failed to remove. The treatment is modified according to the nature of the disease, according to its acuteness. In every case you wish rest; and no doubt, the more serious a case is the more strict should be your injunction as to rest, and in bed. Physiological rest can only be obtained very imperfectly, for the woman must menstruate, and that is an interference with physiological rest. In married women there are other difficulties which do not require to be described. In many cases the use of leeches

applied to the neck of the womb, or applied over the inguinal ring, is very valuable. The medicines most relied upon are corrosive sublimate, iodide of potash, and bromide of potash. As leeches are specially useful in the acute cases, so repeated blisters over the inguinal ring or in that region are frequently very valuable in the chronic cases. Lastly, it has of late years frequently been decided to spay women in this disease; and many cases of the operation are recorded. That operation is still *sub judice*. Most gynæcologists say that it is condemned already, but upon it I reserve my opinion.

The Therapeutic Value of Croton-chloral.

Dr. R. Riddell speaks, in a paper printed in the Dublin *Journal of Medical Science*, favorably of this new remedy. He says, after quoting his first instance—

Since that time I have used it largely—sometimes failing, sometimes relieving—till, by keeping an account of all my cases, it began to dawn on me which were benefited by the drug. Since then the number of cases relieved (some permanently) has increased. These cases are—headache in females, arising from mental distress; those cases of headache so frequent at the menopause—in fact, all those called neuralgic, except a few arising from internal mischief, are benefited, and in many instances, cured. In that distressing species of neuralgia called tic-douloureux, I have found it in many cases acting like a charm. Of course I do not include any arising from cranial or intercranial causes. I have tried it in neuralgia of the ovaries, but no good resulted. In insomnia it is not so reliable as the hydrate, but in some cases, where the loss of, or inability to, sleep is accompanied by a weak or fatty heart, it is to be preferred, as it has no weakening effect on the central organ of the circulation. In one case of delirium tremens, where the circulation was very feeble, the combination of croton-chloral with digitalis had a wonderful effect, and it seemed as if the drugs could be given together in much smaller doses, to produce the same results, than singly. In this I pushed it from ten to thirty grains every three hours, with drachm and two-drachm doses of the infusion of digitalis. In pain arising from caries of teeth, I have found it useless in most cases, and in all inferior to Richardson's "tr. gelsemini;" but in one case, of a nervous young lady, by giving her two ten-grain doses, I was able to extract a tooth next to painlessly, to her great satisfaction. You will notice in all these cases it is in affections of those parts supplied by the fifth pair of nerves that it is of most use; but to be of service, you must give the drug in far larger doses than prescribed in the Pharmacopœia—for adults, five grains, three or four times daily, gradually increasing if required; if stimulants are wanted, dissolve it in rectified spirit; if not, dissolve it in glycerine. In all cases complicated with hemorrhoids, give glycerine. If anæmia exists, combine it with iron, or, which I believe better, arsenic; then gradually lessen the chloral. In all cases I have found it better to give it in solution than in powder or pill.

Treatment of Puerperal Mania.

Dr. S. Putnam says, in the *Transactions* of the Vermont State Medical Society—

We should first learn betimes the vulnerable points and tendencies of our patients, and regulate their hygiene and medication accordingly. Should a latent albuminuria be found, let the patient live upon milk diet; use the warm sitz bath at night, followed by abundant frictions to the back and limbs. In the morning, cold or tepid sponging, with friction, to be followed by walking, or carriage exercises. At lying-in, avoid as far as possible the causes of anæmia, prostration, irritation and excitement.

Should the patient be unable to sleep, make the conditions the most favorable to secure that result, and if sleep does not occur, use chloral, morphia and camphor, or whisky in quantities ordinarily adequate to produce that effect, and I believe we shall seldom have puerperal mania to treat. But should a threatening case explode on your hands, notwithstanding your care, perhaps a cathartic is needed, especially if constipation exists, after which a more efficient use of anodynes, stimulants and tonics may succeed. Should they not, and the delirium be violent, aconite, veratrum or digitalis might be used, or even anæsthetics. When uræmic delirium or stupor is evident, I have used, with benefit, ten grains nitrate potas., one drachm nitrous ether, and five drops of dilute nitric acid in water, every four hours; or instead, when insomnia persists, ten or fifteen grains bromide potas. every two hours, alternately with twenty drops tinctura ferri muriati. Meanwhile, nutrients, stimulants and tonics are to be given as needed.

Typhoid Fever and its Treatment.

Dr. E. F. Wells reports, in the Toledo *Medical Journal*, thirty-five cases of typhoid fever, with only two deaths. The treatment employed was mainly dietetic and regimenal, together with the liberal use of the mineral acids throughout the whole course of the disease. An ordinary case was put to bed in a cool, airy room, from which the greater portion of direct and diffused light was excluded. The bed clothing, of cotton, light, and changed daily, as well as the patient's under clothing. A tepid sponge bath once or twice daily, the last at bedtime.

Diet consisted exclusively of milk, uncooked eggs, beef tea, and similar articles; the main reliance, however, was placed upon milk, in any form desired by the patient, and was taken without complaint, or with relish, by all save one or two of the cases. Food was given in regular intervals. The bowels were kept open, but any inordinate diarrhœa was attempted to be controlled. Rest and sleep was assured by the use of opium and its succedanea. Delirium was treated with full doses of alcoholic liquors. From fl. ℥ ss to fl. ℥ j of the dilute mineral acids, plentifully diluted with water, and sweetened and flavored to suit the taste, was taken with relish and evident benefit by all the cases. Cases accompanied with much tympanitis were greatly relieved by the use of turpentine, given either alone or in combination with castor oil, as was indicated by the symptoms.

Reviews and Book Notices.

BOOK NOTICES.

Essays in Surgical Anatomy and Surgery. By John A. Wyeth, M.D. Wm. Wood & Co. 8vo, pp. 262.

In this volume we have a number of papers, previously published, collected and given a more permanent form, for which we should be thankful to the publishers, for certainly no essays ever more justly deserved the compliment of being reprinted. The greater part of the book is occupied by the discussion of the surgical anatomy and surgery of the innominate, subclavian and carotid arteries. The author has made many dissections of the vessels, and gives elaborate tables of the points of origin of the branches, in order to establish the proper situation for application of the ligature in aneurism, wounds, etc. By means of diagrams he shows, in a graphic manner, the range of variation of the branches, the anomalies found at times, and the venous relations of the vessels. In addition, collections of cases of ligation of these vessels are given, embracing all the published instances that could be found by the author, and many obtained by personal correspondence. The extent to which this has been carried is evident when it is mentioned that there are tabulated 789 instances of ligation of the common carotid; 91 of the external, 18 of the internal carotid; 16 of the innominate; and 286 of the subclavian. These tables serve as a basis for valuable deductions made by the author, with the aid of the light furnished by over one hundred careful dissections. The reader will therefore see that the prizes of the American Medical Association were well merited by these surgical studies. The most important fact developed by the consideration of the subject is, that a ligature should never be applied to the common carotid for a lesion of the external, except there be no room to permit the ligation of the external between the lesion and the bifurcation of the primitive. The rate of mortality after tying the primitive trunk is said to be forty-one per cent., after ligation of the external four and a half per cent. The fact that nearly all of us have known of ligation of the common trunk where tying the external was scarcely considered, shows that it has become the custom of surgeons to look upon ligation of the external carotid as an operation to be seldom performed, while many hundreds of instances of the more serious operation are recorded. If Dr. Wyeth's words cause every man to halt before placing the ligature about the primitive carotid, there will be much good done in the way of conservative surgery, and many lives saved that would doubtless have been sacrificed by undue haste in deciding upon the point of ligation.

In speaking of ligation of the innominate for the cure of subclavian aneurism, he says that circumstances justifying this procedure will occur so rarely that practically the operation should be abolished, and that nature unaided is more successful than surgery which ligates this vessel. In gunshot wounds of the axillary region the axillary artery should be tied in the wound on both sides of the opening; this is better practice than to ligate the subclavian, because there is risk of hemorrhage when the collateral circulation is established. There are very many important conclusions and deductions made which could be studied with profit, but it is necessary for one to see the book to appreciate it, as all its merits cannot be presented in a short review. The papers on the tibio-tarsal region, the obturator artery, and the hip joint, are good, but have less surgical interest than the essays mentioned above. J. B. R.

Handbook of Diagnosis and Treatment of Diseases of the Throat and Nasal Cavities. By Carl Seiler, M.D., Lecturer on Laryngoscopy at the University of Pennsylvania, etc. H. C. Lea. 8vo, pp. 156.

The intention of this book is to serve as a guide to students in laryngoscopy. The instrument is described, the images explained, a chapter given to the general pathology and therapeutics of the part, and the symptoms and treatment of the principal forms of laryngitis, pharyngitis, diseases of the nasal cavities and tonsils, neoplasms and functional disorders added.

The execution of the work is well enough for the object stated; but judged by a higher standard than that of the ordinary student's manuals, it seems lacking in original features, observations and arrangement. The suggestions for treatment are quite superficial; for instance, under pharyngitis nothing is said of guaiacum, and under the abortive treatment of coryza, opium, the only real abortant, is not mentioned. The illustrations, thirty-five in number, are all copied from other books. There is a table of symptoms of the diseases of the larynx, similar, but not superior to that in Lenox Browne's work. The mechanical execution of the book is of the careful character usual with the publisher.

THE

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THE MEDICAL AND GENERAL BOTANY OF THE PACIFIC STATES.

The sixth volume of the "Report upon United States Geographical Surveys west of the one hundredth meridian" forms a handsome quarto of four hundred pages, carefully illustrated with plates. It comprises the botany of Lieutenant WHEELER'S expedition in 1873–76, and has been prepared by Dr. J. T. ROTHROCK, surgeon and botanist to the expedition. The combination of the two duties in Dr. ROTHROCK was particularly fortunate, as he is well known, both as a skillful physician and surgeon, and as a botanist in the very front ranks of that science. His work shows that he has studied the flora of the region he traversed, not merely in regard to its place in the vegetable world, but also in its economic and therapeutic light as well.

So much quackery and humbug have been bolstered up of late years upon the medical flora of California and the adjacent territories, that it is refreshing and instructive to see how a really scientific botanist and physician handles the subject. Eclectic doctors, speculative manufacturers and nostrum venders have had their turn, and it is high time that the profession turn a deaf ear to their exaggerated advertisements and listen to the report of a cool and competent writer.

The chapter of the report most to our purpose is the third, "Notes on Economic Botany." There appears to be quite a number of food plants in Colorado, New Mexico and Arizona, of which we have had little or no knowledge. The Oregon grape, *Berberis aquifolium*, yields a palatable and wholesome wine; a wild cabbage, *Caulanthus crassicaulis*, is a not despicable substitute for the garden variety; the seeds of *Salvia columbariæ* are ground into meal, and make a very popular food with both Mexicans and Indians; the mescal whisky, distilled from the juice from the flower stem of the *Agave palmeri*, has the inestimable advantage that it is impossible to adulterate it without destroying its peculiar flavor.

Of more strictly therapeutical interest, Dr. ROTHROCK mentions the *Fremontia Californica*, the inner bark of which develops large quantities of mucilage, similar to the slippery elm of the eastern States; the *Laurea Mexicana*, or creasote bush, esteemed by the Mexicans in rheumatic affections; the *Eucalyptus globulus*, now largely planted in Southern California, and which, as an antiperiodic, has disappointed Dr. ROTHROCK every time he has used it; the *Cucurbita perennis*, alleged to be a remedy for piles; the *Grindelia robusta*, of the wide range of whose therapeutic value the author expresses himself "in the highest degree skeptical;" the *Bigelovia veneta*, the "Damiana" of Northern Mexico, about which he tersely says, "I consider it utterly worthless as a remedial agent;" several species of *Eriodictyon*, all huddled together under the common name *Yerba Santa*, about whose medical properties we have no certain evidence at all; the *Ephedra anti-syphilitica*, known through New Mexico under the expressive name "whore-house tea," which has there a wide and apparently well deserved reputation as a remedy in gonorrhœa—a decoction of the stems of the plants is used; and other not less interesting medical and edible plants.

All who would form their own opinions, uninfluenced by the noise of interested tradesmen, about the natural history and medical value of the botanical drugs of the Pacific States will find this volume a trustworthy and generally sufficient guide. It should be added that Dr. Rothrock has been assisted in its preparation by a number of other botanists, eminent in special branches of that science.

Notes and Comments.

Value of Sea Weeds as Medicinal Agents.

There are not less than one hundred and three different species of marine algæ found along the New England coast. Dr. H. R. Storer, in an article in the Virginia *Medical Monthly*, observes that in these vegetable forms we have a hitherto unused means of assisting in the treatment of strumous diseases. He predicts that these neglected sea weeds will be found useful by the profession for a variety of indications, in the treatment of strumous disease. They may be used entire or comminuted, and hot or cold, as poultices. Crushed and soaked in sea or fresh water, they afford an easy and efficient form of medicated bath, general or local; and when they are treated understandingly by the pharmacist, we may expect that new and valuable preparations, to be recognized as such by the profession, will be obtained. Indeed, just as cod-liver oil of more worth than much of that in the market may be extracted from the fresh livers by any housewife, over her kitchen fire, it is probable that efficient infusions, etc., of algæ, of greater value than the much vaunted "sea-weed tonics" of empiricism, may be prepared in the same homely way.

Acetate of Lead in Internal Hemorrhages.

Large doses of acetate of lead are strongly recommended by Dr. Joseph Workman, of Toronto, Canada, in hemorrhage from the lungs and from the uterus after labor. He says, in an article in the St. Louis *Medical Journal*, the promptitude with which large doses excite uterine contraction has often surprised me; and this fact has been most noticeable when instant vomiting (which, however, is not a general occurrence), has been provoked. Some of my old pupils have told me they have given it in double, or even in treble the doses taught by me, and always with good, never bad, results. In profuse hæmoptysis, I have, within twenty-four or forty-eight hours, administered four, six or even eight drachms, without the slightest injury, and with signal hæmostatic success. Finally, I venture to say that pure acetate of lead, in *large* doses, is the surest and safest of all our medicinal incitants of post-partum uterine contraction.

Applications of Recent Inventions to Medicine.

The application of the microphone and telephone to diagnosis is interesting a number of observers both in this country and in Europe. Dr. Norris, of this city, has given the subject fruitful study, while at a recent meeting of a Scotch society Dr. A. Reith exhibited a specimen of a microphone attached to a telephone, which was in operation in the hall during the meeting. He had so arranged that five or six members could listen at the telephone at once. The experiments went far to prove that the microphone was a great advance in working the telephone, the articulation being much more distinct with it than with the telephone alone; although there seemed not to be any actual *increase* in the sound, but rather a diminution.

The electric light has also been successfully employed for surgical operations at night, and will soon be regarded as part of the equipment of a first-class hospital.

Examination of the Urine for Spermatozoa.

The plan recommended by Dr. Rouvier, in the *Gazette Hebdomadaire*, is to allow the urine to stand for twelve hours, adding benzine in summer, to prevent putrefaction; he then decants it and collects the flocculent precipitate. This precipitate is put into a test tube, ether is added, and the mixture is well shaken. In a few minutes the ether collects on the surface of the liquid as a gelatinous layer. The ether is removed by means of a pipette, and is placed in a conical glass, containing a small quantity of distilled water. All the spermatozoa in the urine thus tested are found in a very small compass, and each microscopic preparation will contain at least five or six in the field.

A New-Old Remedy for Rheumatism.

The common horse chestnut or buckeye, *Æsculus hippocastaneum*, has been brought forward anew by Dr. W. S. Drake, in the St. Louis *Medical Journal*, as a remedy in chronic rheumatism. He writes: I had an inveterate case of chronic rheumatism cured by the patient bathing in an infusion of buckeye. He had not walked for

nearly two years, and had gone through the whole routine of rheumatic remedies. While treating a horse with the infusion of buckeye, he found the swelling to rapidly disappear from his hands. He then applied it to other joints, and received the same benefit.

Correspondence.

FOREIGN.

Ed. Med. and Surg. Reporter:—

Vaccination is advertised as done free on four days in the week, Tuesday, Wednesday, Thursday and Friday, in Dublin. The vaccine issued from the Vaccine Department is of two kinds, (1) in hermetically sealed capillary tubes, and (2) on ivory points.

From the Adelaide Hospital trained nurses may be obtained to attend patients at their residences. There was established also, in 1866, the Dublin Nurses' Training Institute.

A peculiar feature of many of the charitable institutions over this side of the water is in their charging a moderate fee for medicine and attendance, the proceeds to aid in sustaining the charity. One dispensary requires all those receiving aid from it, sore paupers, to pay sixpence a month. This, doubtless, is a good thing, commanding a higher respect from those receiving aid, as well as helping to sustain the work.

Passing from Dublin, via Holyhood, to Liverpool, I arrived in this city early Wednesday morning, April 16th, and stopped at the Laurence's Temperance House, where, the proprietors say, John B. Gough found the only home-like house since leaving America. I took this all in, until I found English temperance houses have a great trick of using these same words. To them I suppose it is somewhat equivalent to a hardware man being "ironmonger to the Queen," etc.

A drug store in Liverpool, and in the kingdom generally, is a chemist's shop. The proprietor will not relish the term druggist—pharmacist will do, however. Open surgeries are very common. I had a very pleasant evening with the meeting of the Liverpool Chemical Association, at which I was introduced as being from America, and somewhat interested in pharmacy and in literary work, at which such a clapping and kicking were set up, to my honor, it was necessary for me to get on my feet and "make a speech."

During the reading of a paper on Anæsthetics, by Mr. Mason, it was said that ether was now used exclusively by American physicians. I corrected this statement, assuring them that the Gross's used chloroform exclusively.

Mr. Abrahams, who, by the way, is an honorary member, or a corresponding member (he says he does not know which), of the Philadelphia College of Pharmacy, asked me how the American dentists now give nitrous oxide gas. He understood it was always given from a black bag. I then gave a description of the present method of using it, as administered by Dr. J. D. Thomas and others, of Philadelphia. It is used here by the dentists almost exclusively in its condensed form. The Society gives its social coffee luncheon half an hour before "the chair is taken."

Dr. Richardson's local anæsthesia mixture was pronounced to be the very best article for this purpose. It is used in the form of a spray.

What seemed very strange to me was the showing of a self-inking printing press in a pharmaceutical meeting. It was shown as something new, and attracted great attention. Meaning no offence, I mentioned to the Society that just such a machine had been in use in America a number of years. The young gentleman in charge of the "novelty" sent forth sparks of fire from his eyes. The truth of the matter is, a British firm buys them in America and palms them off here as English made. Mr. Burrows, European agent, in London, for John Wyeth & Bro., was with me, and we took good care "to protect American interests." Several times each of us had "to defend our country and countrymen."

Dr. Symes, a pharmacist, showed me a specimen of shea butter, obtained from a fruit about the size of an orange, from Central Africa. It is used for much the same purpose as palm oil; melts at 84° Fahr; when strained looks like cocoa butter. It is used by the dock men, for rheumatism. Whether it is the rubbing or any special virtue of the article, he is not prepared to say. He thinks that many additions will be made to the drug list as Africa becomes opened. There is much dirt in this butter when it first comes here, which must be removed by straining. He has prepared a nice specimen of it for the museum. He urges upon the society the importance of having a specimen of all the drugs imported into this market in the museum.

The library of the Liverpool Chemists' Association numbers 648 books. Among them are several American works, such as Parrish's "Practical Pharmacy," etc. Several American journals are taken in.

For the week ending April 12th there were 247 deaths in Liverpool, 46 less than for the corresponding week of last year. The death rate is equal to 23.9 per 1000. 109 of these deaths were children below five years of age (the same old story of fearful infantile mortality), and 62 were infants below one year of age. There is a health committee in this city holding weekly meetings.

C. C. V.

Intestinal Obstruction from a Floating Kidney.

Ed. Med. and Surg. Reporter:—

Mrs. E., of Mississippi, visiting this place, the mother of nine children, 55 years of age, has had a floating lump in the right lumbo-iliac region for many years, but it never gave her pain until about the 8th of May. On that date she indulged in a hearty meal of corn and other vegetables for dinner. A violent attack of bilious cramp colic was the result, with repeated vomitings. Bowels were obstinately constipated, resisting injections and large and often repeated doses of active cathartics, for three days. The movable body became greatly swollen and tender within twenty-four hours after the attack of colic supervened. It occupied the right lumbo-umbilical region; size 3½ by 5 inches; it projected in front of

the ascending colon, just beneath the abdominal wall. At first it resembled a high ovarian tumor, or a forming abscess of the right lobe of the liver at the lower border; but a close examination excluded both of those organs as the seat of the tumor. We could also exclude intestinal accumulation from intussusception or mechanical obstruction; yet the mechanical pressure from the inflamed and enlarged kidney did obstruct the ascending colon completely for a time.

The treatment consisted first of free use of anodynes, viz., chloroform internally, morphia, etc., until the pain was subdued, followed by a full dose of calomel, castor oil, comp. cath. pills, injections, and with fomentations over the abdomen. This was carried out by Dr. V. R. Bridges, before I saw the case. Afterward active doses of comp. jalap powder internally, and locally iodine over the tumor every three hours, with fomentations, were continued. The bowels moved freely during the next twelve hours; pain and tenderness began to subside within twenty-four hours, as also the swelling, and within forty-eight hours, what appeared to be a threatening renal abscess (capsular) terminated rapidly by resolution and absorption.

It may be of some interest to many readers of the REPORTER to learn that such cases are sometimes met with in practice, and yet many physicians of half a century's experience may never have had their attention called to one with sufficient distinctness to recognize and diagnose it. Such tumors have generally been dubbed as phantom tumors, and passed by without a correct diagnosis. J. W. DORA, M.D.

Mattoon, Ill.

The Contagion of Diphtheria.

ED. MED. AND SURG. REPORTER:—

On the case of diphtheria reported by H. L. Getz, M.D., in the REPORTER of May 3d, allow me to remark that undoubtedly the child inhaled the poison by breathing the contaminated air of its mother's room. This is evident in view of the fact that the stage of incubation did not correspond with the theory of the disease being contracted in utero. Nor can we reasonably believe that the infant would receive the poison as readily, if at all, by the small quantity of nourishment necessary for its subsistence during the few days of its earthly existence, as it would by breathing the hot, vitiated air of the parturient's room, loaded as it must have been with the poisonous exhalations of the diseased mother.

I would further remark that in ordinary cases, where mother and child have diphtheria, it is best to permit the child to take the breast, for if we fail to administer medical relief through the maternal laboratory—it being intelligently supplied with proper agents—we cannot reasonably anticipate better results in the employment of a more artificial means of administering drugs. I have a case in mind where father and child were taken down with diphtheria; the child died, being two weeks old. The father recovered, and the mother, although confined in the same room with husband and child, did not have any symptoms of the disease. R. L. CALHOUN, M.D.

Parnassus, Pa.

NEWS AND MISCELLANY.

The Kansas Medical Bill.

An act to regulate the practice of medicine in Kansas was approved last February, and goes into effect June 1st, 1879. Its main provisions are as follows:—

SECTION 1. Every person in this State practicing medicine or surgery in any of its departments shall possess the qualifications required by this act. Every such person shall present his diploma to one of the boards of examiners herein named, together with affidavit mentioned in section four of this act. If the board shall find all the facts required to be stated in said affidavit to be true, the board of examiners shall issue its certificate to that effect, signed by a majority of the members thereof and sealed with the seal of the board, and such certificate shall be conclusive as to the rights of the person named therein to practice medicine and surgery in any part of this State.

SEC. 2. The Kansas Medical Society, the Eclectic Medical Society of the State of Kansas, the Homœopathic State Medical Society, shall each appoint annually a board of examiners, consisting of seven members.

SEC. 3. The boards of examiners shall organize within three months after the passage of this act. They shall issue certificates to all who furnish satisfactory proof of having diplomas or licenses from legally chartered medical institutions in good standing. They shall prepare two forms of certificates, one for persons in possession of diplomas or licenses, the other for candidates examined by the board. They shall send to the county clerk of the several counties of this State a list of all persons receiving certificates.

SEC. 4. Said board of examiners shall examine diplomas as to their genuineness, and if the diploma shall be found genuine as represented, the secretary of the board of examiners shall receive a fee of five dollars from each graduate or licentiate, and no further charge shall be made to the applicant; but if it be found to be fraudulent or not lawfully owned by the possessor, the board shall be entitled to charge and collect twenty dollars of the applicant presenting such diploma.

SEC. 5. All examinations of persons not graduates shall be made directly by the board, and the certificates given by the boards shall authorize the persons to practice medicine and surgery in the State of Kansas.

SEC. 6. Every person holding a certificate from a board of examiners shall have it recorded in the office of the County clerk of the county in which he resides, and the recording of the same shall be indorsed thereon. Any person removing to another county to practice shall procure an endorsement to that effect on the certificate from the county clerk, and shall record the certificate in like manner in the county to which he removes, and the holder of the certificate shall pay to the county clerk the usual fees for making the record.

SEC. 7. The county clerk shall keep in a book provided for that purpose a complete list of the certificates.

SEC. 8. Candidates for examination shall pay a fee of five dollars, in advance.

SEC. 9. Examinations may be in whole or in part in writing, and shall be of an elementary and practical character, but sufficiently strict to test the qualifications of the candidate as a practitioner.

SEC. 10. Each of said boards of examiners may, from time to time, adopt such rules as may be necessary to the orderly conduct of all proceedings taken and had before it. It shall be the duty of the secretary of the respective boards to notify the secretary of all other boards provided for under this act, of all applicants to whom licenses may have been refused, together with the reasons for such refusal of such boards.

SEC. 11. Any person shall be regarded as practicing medicine within the meaning of this act, who shall profess publicly to be a physician, and engage in the practice of medicine, or who shall habitually prescribe for the sick, or who shall append to his name the letters "M.D."

SEC. 12. Any person habitually practicing medicine in this State without complying with the provisions of this act shall be punished by a fine of not less than fifty dollars nor more than five hundred dollars, or by imprisonment in the county jail for a period of not less than thirty days nor more than one year, or by both such fine and imprisonment for such offence. And any person filing or attempting to file as his own the diploma or certificate of another, or a forged affidavit of identification, shall be guilty of a felony, and upon conviction shall be subject to such fine and imprisonment as are made and provided by the statutes of this State for the crime of forgery in the fourth degree. *Provided*, that no person who holds a certificate heretofore granted by either of the societies mentioned in the second section of this act shall be compelled to procure a new certificate, or be liable to any penalty for failing to do so; *and provided further*, that the provisions of this act shall not apply to those persons who have been practicing medicine within this State continually for five years prior to the taking effect of this act. When such persons have submitted proof of such continuous practice, as herein provided, a certificate shall be issued to them, as is provided for in section 3 of this act.

The Legal Relations of Color Blindness.

At the request of the Medical Society of the county, Dr. E. M. Sholl, of Gainesville, Ala., drew up and presented the following Act to the Legislature of Alabama. It passed its first reading, and was referred to the Committee of Ways and Means. A similar bill was presented to the Legislature of Tennessee, but it is not likely that either of them will pass. Nevertheless, as it may lead to concerted and successful action, we append the bill:—

An Act to protect the traveling public in the State of Alabama.

WHEREAS, It is a practically ascertained fact that a certain proportion of the human race are incurably color-blind, or unable to distinguish the difference between colors, particularly to determine red and green, the colors ordinarily in use as cautionary or danger signals, on railroads, steamboats and ships,

I. *Be it enacted*, therefore, by the General Assembly of the State of Alabama, now in session, that all railroad corporations doing business in the State of Alabama, all steamboats and ships plying in the waters thereof, shall subject all of their employees in any way concerned in the running, dispatching, signaling or guiding, or piloting thereof, to the practical color test, as to their ability to well and rightly distinguish between colors, and none shall be employed as above who cannot promptly and correctly distinguish the difference between colors.

II. *Be it enacted*, that the manner of test shall be that now commonly in use in Europe, the selecting of the different colors from the various shades of skeins of worsted. Time, place of examination, and examiner to be designated by the above specified railroad corporations, steamboat and ship proprietors themselves.

III. *Be it enacted*, that any failure to comply with the requisitions of this law shall subject said corporations or parties, in each instance, to a fine of not less than fifty, nor more than five hundred dollars.

IV. *Be it enacted*, that any damage to property, maiming or injuring of body, or loss of life, growing out of a failure to enforce Sec. 1, shall subject the Executive and responsible parties of the above specified conveyances in Sec. 1 to such actions, pains and penalties, as in all cases are prescribed in the civil and criminal statutes of the State of Alabama.

V. *Be it enacted*, that this law shall go into operation on the 1st day of March, 1879.

The Yellow Fever at Port-au-Prince.

We learn from the Bulletin of the Surgeon General, Marine Hospital Service, that yellow fever is prevalent at Port-au-Prince.

The State Department has received information that the fever also prevailed at Port-au-Prince fifteen years ago, but that since that period there has been no reappearance of the disease until now. In regard to the sanitary condition of Port-au-Prince, it is remarked by Minister Langston, that "the streets are constantly foul, and that not even police regulations of any sort are enforced." There is no regulation to oblige even the filthiest persons to remove deposits from the streets, nor from the gutters or sidewalks in front of their doors, and "the harbor is also full of foul matter of every sort." The fact of the existence of this mass of putrefying animal and vegetable matter, in one of the hottest climates, taken in connection with the absence of yellow fever from the city for the last fifteen years, furnishes presumptive evidence, at least, that deposits of filth alone, even when saturated with moisture and heated, are incapable of generating yellow fever. The fever which is apparently produced by the filth of the city, while quite fatal, is said to differ materially from yellow fever in all essential particulars.

—A Boston physician reported to the Board of Health that a certain woman's death was caused by consumption, Bright's disease and cancer. It was high time for him to lose that patient.

Dr. Hearn's Ether Inhaler.

This inhaler consists of an outer case of thin sheet metal, having the lower edge protected with a covering of rubber, to prevent its coming in contact with the face, as well as to exclude all air. Inside of this case (*a*) is fitted a screen of wire gauze (*b*), which is arranged so as to come about opposite the joint (*a*). The ether is poured on the lint or canton flannel (*c*), which is held in place between the wire screen (*b*) and the funnel-shaped top (*d*).

The object of this inhaler is to furnish an

undiluted ether vapor, and prevent, as it should when ether is used, the patient inhaling the surrounding atmosphere. The time required to produce complete anæsthesia, in ordinary cases, is from five to eight minutes.

Another object of the inhaler is economy; it rarely requiring more than two or three ounces of ether to produce its full effect, for which reason it is especially adapted to hospital use. The apparatus, by confining the ether vapor, prevents to a great degree the impregnation of the atmosphere in the room.

Personal.

—The chair of Theory and Practice in the Ohio Medical College, which was made vacant by the resignation of Prof. Roberts Bartholow, has been filled by the appointment of Prof. James T. Whittaker, who is transferred from the chair of Physiology in the same institution.

New Pharmaceuticals.

EXTRACT OF COFFEE.

The best extract of coffee we have seen is that manufactured by Wyeth & Bro., of this city. Coffee has many therapeutical as well as dietetic uses, and but few of the extracts in the market are suitable for either purpose. Of this of Wyeth Bros. we can speak with confidence.

LACTOPEPTINE.

The editor of the *Southern Clinic* reports very successful results from the exhibition of lactopeptine in cholera infantum. Such treatment is rational, and as the hot months are approaching, this suggestion should be borne in mind and acted on when occasion requires.

HORSFORD'S ACID PHOSPHATE.

It is well known that a deficiency of phosphates in the food impairs osseous growth. Lehman found, by experiments with pigs, and Chossat with birds, that it made a difference what kind of phosphates were used. Two pigs fed with phosphate of potassa had specifically lighter bones than others, which received with this salt phosphates and carbonates of lime.

As a means of introducing the phosphates in proper combination, Horsford's Acid Phosphate has been presented to the profession, and has been favorably reported upon.

The Duty on Quinine.

The note on page 462, on this subject, based on some remarks offered at the American Medical Association, requires a correction, which we cheerfully make. The actual duty on quinine is 20 per cent., ad valorem. The manufacturers' price in London last month was 11 to 12 shillings; the price at that time in Philadelphia was $3.60 per ounce. Hence the removal of the duty would have much less effect on the price than we stated.

We believe in cheap quinine; if it can be shown that removing the duty will not diminish the domestic supply of the article, let the duty be removed; but if it would have that effect, and place us at the mercy of foreign manufacturers, such a policy would be subversive of our best interests. The profession should study the subject carefully before committing itself.

Health Items.

The last report of the Surgeon General of the Marine Hospital Service states that advices from the Dardanelles, received under date of April 22, report the prevalence of scarlet fever. The cattle "Typhus," or "Lung plague," which last year destroyed seventy-five per cent. of the entire herds, has almost disappeared. It is said to have been introduced into the province by importation from Roumelia.

From Malaga it is reported that wine adulterated with fuchsine (one of the aniline colors, which usually contains either antimony or arsenic) has been seized at the Custom house. The Spanish Government authorities have directed that all wine, before being admitted, shall be submitted to an analysis at the custom houses at all ports of entry.

Action Against Adulteration.

On May 22d the House of Representatives' Committee on Manufactures agreed to report to the House for printing and recommittal a bill prepared by Representative Wise, of Pennsylvania, to provide for the welfare of the people in preventing the adulteration of articles of food and drink.

It imposes a fine and imprisonment upon persons manufacturing, selling or bartering any article of food or drink containing any ingredient or material injurious to the health of persons partaking thereof; and authorizes parties suspecting such adulteration to have samples of the article of food or drink analyzed, and if the fact is exhibited the corporation or individual shall pay all expenses attending such proceeding, and in case of refusal by a party to furnish samples of suspected adulterated articles he is made liable to punishment, etc.

It is to be hoped that this bill will be promptly passed.

Items.

—Some important modifications will be introduced into the Faculty of Medicine at Paris, on November 1st next. The annual examinations are to be suppressed, and the duration of the course of study is to be fixed at four years, and the hospital study to at least two years. The fees for the *aspirants au doctorat* are fixed at 1360 francs. At present, up to June 15th, students have the right of option between the new and the old systems. After November 1st, 1885, the new *régime* will be alone in vigor.

—Dr. J. Hilgard Tyndale informs us that he will open a sanitarium for the scientific treatment of consumptives about July 1st, 1879, at Manitou, in the southern part of the State of Colorado. This region has been selected, after careful consideration, as the nearest approach to an ideal resort for phthisical patients, as shown both by the meteorological reports and government surveys, and confirmed by personal observation and study of the climate and altitudes of various sections of the country.

—The New York State Pharmaceutical Association organized May 20th, with about a hundred members, and the following officers: President—P. W. Bedford, New York. Vice Presidents—S. C. M. Lyman, Buffalo; B. C. Ray, Utica; and A. J. Inloes, Binghampton. Secretaries—C. H. Gans, Albany; C. W. Holmes, Elmira. Treasurer—W. Blakie, Utica.

—Dr. W. Judah, of Guthrie, Ind., reports the birth of a healthy male child, weighing 9 lbs., but wholly devoid of upper extremities.

OBITUARY NOTICES.

—Dr. John McCulloch died at Huntingdon, Pa., May 15th. He was born in Juniata Co., Pa., November 15th, 1806. He read medicine with Dr. Ard, of Lewistown, and after attending two courses of lectures at the University of Pennsylvania, graduated in medicine in 1829. He located first at McVeytown, but shortly afterward went to Alexandria, Huntingdon county, and within a year removed to Petersburg. He remained at Petersburg, actively engaged in his profession, until 1852, when he was elected to Congress as a Whig, his opponent being Col. Emanuel Shaffer. At the expiration of his term, in 1855, he located at Huntingdon and pursued the practice of medicine until 1869, when, on account of failing health, he retired by taking into his office Dr. D. P. Miller.

—Dr. Charles Skelton, a highly esteemed citizen, died at his residence in Trenton, on the 20th ultimo, in the seventy-third year of his age, after several months' illness. He had been a member of the New Jersey State Legislature, and held many other public positions of honor and responsibility.

QUERIES AND REPLIES.

Dr. H. B. C., of Mo. The liniment is as follows:—

Iodine,	3 drachms.
Iodide of ammonium,	2 drachms.
Chloroform,	10 oz.
Olive oil,	10 oz.
Glycerine,	5 oz.

Dissolve the first two in the chloroform, by rubbing in a glass mortar, then add the others.

Dr. A. H. S., of Pa.—Koumyss can be had of several of the leading pharmacists of this city. Mr. McKelway, 1510 Chestnut street, prepares it.

Dr. S. C. V. A., of Mich.—Consult Agnew's *Surgery*, vol. I, p. 991.

Dr. F. G., of N. Car., desires information in reference to the *bromide of quinia* in hypodermic injections, for malarial cases. But little has been published on the subject, and we should like to publish the experience with it of any of our readers.

Kappa—The statement that the European races of this century are of greater muscular development and higher stature than their ancestors of the fourteenth century, as well as the contrary assertion that they have degenerated in these respects, rest on insufficient evidence.

MARRIAGES.

BAILEY—LOGAN.—In Carlise, Pa., May 13th, by Rev. W. H. Logan, W. D. Bailey, M.D., of Dillsburg, and Josephine F. Logan, of Carlisle.

GAGE—RILEY.—At the residence of the bride's parents, N.Y., April 28th, by Rev. W. F. Hatfield, Dr. Ruel Gage, of New York, and Miss Addie Riley, eldest daughter of Mr. John Riley, of New York.

HENRY—HUTSELL.—In Cincinnati, O., on the 8th ult., at 8.30 P.M., at the Gibson House, by Rev. Sylvester Weeks, Dr. Geo. F. Henry and Annie M. Hutsell, of Boyd Station, Ky.

DEATHS.

CHRISTIAN.—On May 14th, at 7.30 o'clock, P.M., in Covington, Ky., Dr. John F. Christian, in the 57th year of his age.

DENISON.—At his residence, in Fairfield, Conn., on Friday, 25th of April, Dr. Jeremiah T. Denison, in the 74th year of his age.

DOWLING.—In New York, on Wednesday morning, May 21st, Mamie, daughter of Dr. J. W. and Fannie A. Dowling, aged 11 years and 6 months.

FANNING—In New York, on Sunday evening, the 18th ult., Ettie P., wife of Dr. W. A. Fanning, and daughter of Joseph Bryan.

THOMAS.—On the evening of the 16th ult., Isaac Thomas, M.D., in the 82d year of his age.

THE

MEDICAL AND SURGICAL REPORTER.

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ORIGINAL DEPARTMENT.

LECTURES ON EXPERIMENTAL PHYSIOLOGY.

Delivered in the Physiological Laboratory of the University of Pennsylvania,

BY ROBERT MEADE SMITH, M.D.,

Demonstrator of Experimental Physiology.

(Reported for the MEDICAL AND SURGICAL REPORTER.)

Lecture V.—Gastric Digestion.

(*Continued from page* 381).

GENTLEMEN:—Continuing our study of gastric digestion, we have to-day to finish the examination of the results of digestion in the stomach, and to take up the phenomena of secretion of gastric juice.

You saw that in the subjection of egg albumen to dilute acid, *all* the albumen was converted into syntonin, no proteid being found in the filtrate.

In the digestion of albumen by the gastric juice the result is different. You saw, when I neutralized the result of auto-digestion of the stomach, I obtained a precipitate of parapeptone or syntonin, but that all the albumen was not converted into this substance, because with Millon's reagent we still obtained evidence of a proteid in the filtrate. I will neutralize this specimen of artificial gastric juice in which fibrine has been dissolved, and there is a faint precipitate, not by any means the equivalent of the amount of fibrine originally present. I will filter off this syntonin, and the clear filtrate shows, with Millon's reagent, and by the xanthoproteic reaction, the presence of an albuminoid. What, then, is it that furnishes this reaction? You know that, as a class, the products of gastric digestion are called peptones. This, however, is a broad genus, containing several subdivisions and introductory products. In the order of their production, we have first parapeptone or syntonin, which I have shown to you, and which is precipitated from alkaline or acid solutions upon neutralization, being again capable of resolution in dilute acids.

According to the most recent views, this is merely an introductory product to gastric digestion, and ultimately nearly or completely disappears in its conversion into peptone.

In some experiments, however, which I have recently made on peptic-fibrine digestion, I obtained the reactions of A-peptone before any deposit of syntonin or parapeptone could be obtained on neutralization. The reactions of A-peptones were obtained after fifteen minutes digestion, in the warm bath at 40° C., of the fibrine in artificial gastric juice, made by adding a few drops of glycerine-pepsine extract of the dog's stomach to 100 cc. of H Cl. 0.2 per cent. And it was not until fifteen minutes more that a trace of syntonin appeared on neutralization, while the quantity of A-peptone, as measured by the density of deposit with nitric acid and potassium ferro-cyanide and one per cent. acetic acid, had then largely increased.

Part of the parapeptone was supposed to remain in the form of dyspeptone, which is spontaneously precipitated in a .2 per cent. acid. Its existence, however, is doubtful, as is also metapeptone. Peptones, however, are found in three forms. A,- B- and C-peptones. A-peptone is the first stage of conversion following parapeptone, and is recognized by the fact that it can be precipitated from its aqueous solution by

concentrated nitric acid and by potassium ferro-cyanide with dilute acetic acid. B-peptones follow a more prolonged digestion of A-peptones, and cannot be precipitated by nitric acid nor by potassium ferro-cyanide, unless with strong acetic acid, while C or true peptones are the ultimate destination of all proteids when subjected to gastric digestion. They cannot be precipitated by nitric acid or potassium ferro-cyanide, no matter what the strength of the acid.

Let us now see what is the form present in our solution of fibrine in the artificial gastric juice. We saw that there was a slight quantity of para-peptone. Let us now examine the filtrate, which, you remember, gave Millon's reaction.

I will first boil—there is no precipitate; I add nitric acid—still no precipitate; acetic acid and potassium ferro-cyanide—still with the same result, though it is possible that we may here obtain a sediment, when the mixture has stood for some time. We have then obtained *true* or C-peptones from the digestion of the albumen. They can be precipitated by tannic acid, silver nitrate, mercuric chloride, platinum chloride, and lead acetate. If, now, to another specimen of this same fluid I add liquor potassæ and a drop of diluted solution of sulphate of copper, I get a precipitate which dissolves on shaking, and forms a red solution. If too much copper is added, the solution becomes violet, instead of red. This, then, is another point of contrast with albumen, which, you know, under the same circumstances, gives a violet at once.

Decomposi ion of Fibrine in Peptic Digestion.

FIBRINE.

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PARAPEPTONE OR SYNTONIN.
(Precipitated from dilute acid or alkaline solutions, on neutralization).

DYSPEPTONE (?) (Spontaneously precipitated from dilute acid solutions.)

METAPEPTONE. (Introductory to

A-PEPTONES.
(Precipitated by nitric acid, and by a mixture of dilute acetic acid and potassium ferro-cyanide).

B-PEPTONES.
(Not precipitated by nitric acid. Precipitated by strong acetic acid and potassium ferro-cyanide.)

C-PEPTONES.
(Not precipitated by nitric acid or potassium ferro-cyanide with acetic acid. Precipitated by tannic acid, mercuric chloride, silver nitrate, lead acetate and platinum chloride. With caustic potash and a minute quantity of sulphate of copper, forms a *red* solution.)

Having, then, studied some of the characters of the results of gastric digestion, as represented in tabular form, on the board, and the circumstances modifying them, I have now only to show you that the one end of all digestion, the fitting of nutritive materials for absorption, is accomplished in the stomach. Albumen is a colloid, and does not dialyse. Peptones are diffusible. I have here two small dialysers suspended in distilled water, one containing peptone, the other a solution of egg albumen. Peptones are found by the tests above enumerated in the water, but no trace of albumen.

Another question now arises for our consideration, viz.: in what locality are these two digestive factors, pepsin and the acid, separated from the blood. Are they both found together in all parts of the gastric glands, or does each possess a special situation for its secretion? I have here a pigeon, which I will kill, open immediately, and cut out the proventriculus, which is situated between the double crop above and the gizzard below. On laying it open and testing its inner surface with blue litmus paper, we have evidence of the presence of a high degree of acidity. I will now dissect off a portion of the muscular layer, thus exposing the ends of the peptic tubules, and on clipping off a shred of tissue, so as to contain the ends of several of these glands, and testing now the reaction, by squeezing the shred thus obtained between two pieces of litmus, there is obtained scarcely any decoloration. The reaction is neutral, or at most, faintly acid. We can, however, demonstrate the presence of pepsine in this fragment of tissue, by placing it in a test tube containing 0.2 per cent. H Cl., and placing it in the water bath, heated to 40° C., for an hour or two, when it will nearly all be digested. There is another way in which it can be demonstrated that the acid is separated solely on the surface of the stomach. About an hour ago I injected into the jugular vein of this rabbit a warm solution of half a gram of lactate of iron, dissolved in 6 cc. of water, and then gradually and slowly injected 1 cc. of a warm 10 per cent. solution of ferro-cyanide of potassium. You know that these two salts will unite and form Prussian blue only in the presence of a free acid. I will now kill the rabbit, by puncturing the medulla, and on opening the stomach and making sections of its wall, it is found that on the inner free surface of the mu-

cous membrane there is a dense blue coloration, more marked at the lesser curvature, while the deeper layers are unaffected.

The two salts have been prevented from uniting elsewhere by the alkalinity and albumen of the blood. I will harden a fragment of this gastric mucous membrane in alcohol, and I will be able next week to show you, by microscopic examination of the section, that the coloration is really confined to the free surface of the mucous membrane, and does not extend at all into the peptic tubules, thus showing that the acid is separated from the free surface of the mucous membrane.

On adding now a drop of sulphuric acid to the urine, which is alkaline, we get an instant blue coloration, thus showing both salts have been absorbed and eliminated by the kidneys, though prevented, through the alkalinity of the urine, from developing the Prussian blue.

As a supplement to what I showed you a few weeks ago, when speaking of the elective excretory function of glands, I may here show you that probably these salts of iron, which you remember I told you were with difficulty eliminated by the salivary glands, have not even now been secreted in the saliva, though, as you have seen, they have freely escaped by the kidneys. I will dissect out one of the sub-maxillary glands, and adding a drop of sulphuric acid, there is no Prussian blue found.

Finally, we may show that the free acid continues to be formed by the stomach for a certain time after death. If the stomach of a recently killed animal is cut into pieces, and washed in water, until an acid reaction disappears, and then left to itself, after a time the fragments will again become acid, and that, too, before fermentation could have set in, thus proving that the acid is formed by the action of the epithelial cells on the materials eliminated from the blood, and that that change may occur some time subsequent to that elimination.

While on this subject of glandular elimination, I may show you that certain other salts, in addition to the two which I have already shown you, may be eliminated by the gastric glands; you remember that while studying the salivary secretion I showed you that iodide of potassium might be eliminated by the salivary glands, while it escaped with difficulty by the kidney. This salt is also readily absorbed, and again eliminated by the gastric glands. The day before yesterday I injected through a tube passed into the stomach of this dog, in whom you saw me make a gastric fistula, two grams of the iodide of potash, dissolved in 30 cc. of water. Yesterday, on examining some of his gastric juice with starch mucilage and nitrous acid, I obtained marked evidence of the presence of an iodide; it was also separated, in a less degree, by his urine. I will now again collect some of the gastric juice, and apply the same test, with, you see, the result of the blue iodide of starch. This evidently must have been absorbed and again eliminated, since too much time has elapsed for the original injection still to remain in the stomach.

The influence of the nervous system on the secretion of gastric juice is in some way exerted through the pneumogastric nerves. The whole subject is, however, undecided, and although usually the stomach, flushed in digestion, becomes pale on section of the pneumogastrics, to again become red on irritation of their central end, the effect is not sufficiently constant to be demonstrated to you as one of the facts of experimental physiology. It would seem, however, from this experiment, that the vagus, by an afferent impulse, inhibits the vaso-motor center for the stomach, but the influence of nerves on the secretion of gastric juice is still unknown. It may occur after division of both vagi, both splanchnics, and even after extirpation of the cœliac ganglion. There are, however, one or two points, as regards the vaso-motor supply of the stomach, that I will probably be able to show you.

In a large rabbit, chloroformed and fastened on Czermak's holder, I will prepare the vagi nerves in the neck, in the manner with which you are familiar. The nerves being now isolated, but not divided, I will open the abdomen freely in the linea alba, from the xiphoid cartilage to the umbilicus, and thus expose the stomach, which you see is distended. I will now make a transverse incision through the skin alone, from the vertical incision to the left, parallel with the lower borders of the ribs, and extending outward about three inches. I will then introduce a large curved needle, threaded with a double ligature, into the abdominal cavity, protecting its contents from the point of the needle, and bring it out at the end of the transverse incision; then, upon slightly separating the ligatures and tightening them, the abdominal muscles are ligated in two points, and may be divided in the course of the original transverse incision, without hemorrhage. Upon now turning the stomach and intestines over to the right side, the abdominal aorta is seen as it comes through the diaphragm, giving off first the cœliac axis and then the superior mesenteric artery. In the angle formed by the aorta and superior mesenteric artery is

seen the almost transparent cœliac ganglion lying a little above this oval, yellowish body, which is the supra-renal capsule. Running into the cœliac ganglion is seen the left splanchnic nerve, which crosses the aorta a short distance above and then runs down on the left side, parallel with its trunk. I will carefully break through the peritoneum and loose connective tissue lying over these parts, isolate the left splanchnic and pass a thread around it. I will now irritate this nerve with a weak induction current, and you see the arteries of the greater curvature very sensibly contract, thus demonstrating that the efferent vaso-motor fibres of the stomach run in the splanchnic.

Allowing, now, the animal partially to recover from the chloroform, I make steady traction on the stomach in the direction of its length, with the thumb and finger, and the animal gives unequivocal signs of uneasiness. I now divide the vagi in the neck, and the same proceeding is followed by no result, thus showing that the vagi are the sensory nerves of the stomach. The stomach appears paler than before. The vagus, however, also contains *motor fibres* distributed to the stomach, for when I irritate the peripheral end of the divided vagus, after dividing the left splanchnic, the walls of the stomach begin to contract. This result does not invariably follow unless both splanchnics are divided, but as the section of the right splanchnic is considerably more difficult than that of the left, I have not taken the time to do it, and you see I have been fortunate enough to get marked motion with only the left divided.

Bile.

The next fluid which is poured into the alimentary canal after leaving the stomach is the bile, but since the major part of the knowledge that we possess of the bile relates to its chemical composition, and as I suppose you will go over that very thoroughly in your work in the laboratory for medical chemistry, I will have very little to say to you about it.

Most of the chemical and physical properties of the bile can be studied in the fluid obtained after death from the gall bladder, in those animals in which this reservoir exists, though certain modifications occur in its composition, such as the addition of biliprasin and an excess of mucin, from prolonged contact with the mucous membrane of the gall bladder. When, however, we wish to study the conditions of secretion of bile, we have to make use of biliary fistulæ. When it is desired to study the influence of different conditions, such as the action of drugs on the biliary secretion, the best method is to employ temporary fistulæ of the excretory duct. Dogs are the most suitable for this operation, which can be performed upon them with scarcely any difficulty. It is as well to have kept the dog fasting for several hours, at least, before the operation, as the gall bladder will then be full.

I will now make in this chloroformed dog an incision in the linea alba, about an inch and a half long, and about two inches below the xiphoid cartilage, tying each bleeding point before the abdomen is opened. On pushing aside, or tearing through the omentum, with the forefinger of the right hand, and carrying the finger well down below the liver, a dense band can be felt running from the liver to the duodenum, and consisting of the hepatic vessels, nerve and ductus choledochus. Hooking my forefinger under this band, and drawing it carefully and slowly forward, a blunt hook can be passed under it with the free hand, and the vessels drawn out of the wound; they can be prevented from retracting, by pushing the hook through, so that the vessels lie upon its handle, which rests transversely over the wound. The duct is then easily isolated and ligated near to its entrance to the duodenum, to secure the small blood vessel on its surface, and a canula inserted and bound in the duct. On removing the stilette from the canula, a few drops of bile immediately escape. Probably, however, a simpler method, and one less likely to wound the hepatic blood vessels, is to open the abdomen at the right margin of the right rectus muscle, and then follow the duodenum, which appears in the wound, and can be recognized by its large size and absence of mesentery, up toward the stomach, where the duct can be readily isolated and divided near to its insertion into the duodenum. Permanent biliary fistulæ can also be made quite readily in dogs, and have been undertaken, to decide the question as to the excrementitious nature of the bile. For this purpose the gall bladder is selected for the fistula, instead of the ductus choledochus.

The abdomen is opened in the median line, or preferably at the right border of the right rectus muscle, care being taken not to wound the large vessel which crosses the wound on the inner surface of the abdomen, and the common bile duct isolated as before; it is then ligated close to its entrance to the intestine, and at its junction with the cystic duct, and the intermediate portion excised. The fundus of the gall bladder is then drawn down and fixed in the edges of the wound. The operation may then be suspended until ad-

hesion has occurred between the walls of the gall bladder and edges of the wound, and the bladder then opened, or it may be treated in the same manner as in making gastric fistulæ, and a canula, similar to the one employed in the case of the stomach, inserted at once. In this mode of operation the object has been to exclude the bile entirely from the intestine; hence the excision of the duct; but Schiff has shown that less pressure is required to make the bile pass from the hepatic duct into the gall bladder than to force it through the common duct into the intestine. This excision, then, of the common duct is entirely unnecessary, apart from the fact that it sometimes fails its object by becoming restored, since as long as the cystic fistula is kept open the bile passes out of the wound, but when the canula is closed, it passes, as normally, into the duodenum. When this operation is successfully performed in dogs, either as detailed above or by excising the common bile duct, and all the bile allowed to escape externally, after a period varying from about two to eight weeks, the animals die, with signs of extreme inanition, though the appetite is preserved to the last.

The phenomena of the secretion of bile which at all admit of demonstration may be best studied in guinea pigs, in whom the bile is constantly poured out in large quantities. The operation necessary is very much the same as the one I have just described as best for making permanent fistulæ in dogs. Now that the animal is thoroughly chloroformed and fastened on the rabbit holder, I will open the abdominal cavity, in the linea alba, making an incison about an inch long, from the xiphoid process downward. The pylorus then appears in the wound, and upon making gentle traction the duodenum is brought into view, the loop, analogous to the superior transverse part in man, lying in the wound, with its convex surface directed toward the diaphragm, and receiving into its upper surface the ductus choledochus. I will now ligate the duct in this situation, and pass a pair of forceps immediately under the edge of the costal cartilage, when the gall bladder, which is always full, is seized with the greatest readiness, and a small canula, with an inner flange, inserted and tied in. I now sew the wound up, allowing the free end of the canula to remain outside of the body.

In our studies of the salivary secretion, we saw that the saliva was secreted at a greater pressure than that of the blood, but in the instance of the bile the circumstances of secretion are very different. Bile is always secreted at a low pressure, never even equaling that of the blood.

I will connect the canula inserted into the gall bladder with a small mercurial manometer, the proximal arm of which is connected with a pressure bottle about four feet above the level of the table, and which contains an aqueous solution of indigo-carmine instead of the soda solution usually employed in blood pressure experiments.

After filling the proximal arm and connecting tube with this solution, I will clamp the tube connecting with the pressure bottle, and you see that the two columns of mercury are nearly on the same level. Upon now connecting the manometer by a small tube, also filled with indigo-carmine, with the biliary canula, the mercury gradually rises in the distal arm of the manometer, until it attains an increase in height of fifteen mm., showing really that the bile is secreted under a pressure of thirty mm. of mercury, as, of course, the column falls in one tube in the same degree that it rises in the other. This appears to be its maximum pressure, as the column no longer advances, and you see how very much less it is than that of the blood.

I can now show you an example of the production of jaundice from obstruction. I will remove the clamp from the pressure bottle and the mercury immediately shows an increase of pressure equal to 40–50 mm. more of mercury, consequently the bile in the gall bladder is now not only subjected to this pressure of a column of mercury 75 mm. high, but also to the pressure of the column of water four feet high, a pressure very much greater than that under which the bile is secreted. The bile, therefore, in the gall bladder is reabsorbed, and if I now clamp the pressure bottle tube, you see the column of mercury gradually fall, though there is no escape of the fluids. Under the pressure of this column of mercury the indigo solution is gradually being absorbed by the guinea pig, and probably before the end of the hour the animal will die, under symptoms analogous to those produced by injecting large quantities of water into the veins, tremors, convulsions, etc., while the analogy to jaundice is still further preserved by the fact that the surface becomes colored blue by the indigo-carmine which was absorbed.

As regards the physiological function of the bile, little or nothing is known. That it is not entirely excrementitious has been proved in those instances in which its entire removal from the body has been followed by death, with symptoms of starvation; food being ravenously taken,

even to the last, and apparently digested, since there is no note of the food ever being found in the fæces, though in one instance (Flint) they are claimed to have contained an abnormal quantity of fat; its source, however, is somewhat obscure, since it is stated that the animal always refused fat food, even when ravenously taking lean meat.

The bile appears in some way to assist in the absorption of fats, since it has been found that after ligature of the bile duct an animal will absorb less fat than before, and that the chyle in the thoracic duct in these cases contained very little fat. It is doubtful, however, as to whether this property is due to the property possessed by the bile of forming a faint emulsion with oil or to some modification of the absorbing surface. Both views have been urged. I have here two small filters; one moistened with an aqueous solution of crystallized bile salts, and the other with water. Two hours ago I poured into each 5 cc. of olive oil, and you see that about 1 cc. has passed through the filter moistened with the bile salts, while none has passed through the other. Again, on shaking up equal quantities of ox gall and oil, I obtain an emulsion, probably solely due to the alkalinity of bile, which will stand for some time, though eventually separating.

Another point which increases the mystery attending the functions of the bile is, that it precipitates the results of gastric digestion.

I have here a specimen of artificial gastric juice in which a small quantity of fibrine has been digested, and I will add to one part a little fresh ox gall, and to the other an aqueous solution of the crystallized bile salts, with the production in each instance of a dense precipitate. This precipitate is generally acknowledged to consist of pepsine and of parapeptone, which latter, however, has not been thrown down by the neutralization of the fluid from the alkalinity of the bile, for my solution of bile salts is almost completely neutral, and you see that the supernatant fluid is still strongly acid. The pepsine may be shown to be contained in the precipitate by the fact that when the precipitate is filtered off, the filtrate, even when brought up to the proper degree of acidity, has no longer peptic properties.

I am now occupied with a series of experiments on the precipitation of the results of gastric digestion by bile, which I think will throw some light on this subject, but I have not yet got my results into such shape as would warrant my bringing them before you.

Communications.

FUNCTIONAL DISORDERS IN DIGESTION, PHYSIOLOGICALLY AND CLINICALLY CONSIDERED.

BY J. T. ESKRIDGE, M.D.,
Of Philadelphia.

Read before the Northern Medical Society of Philadelphia.

Few diseases present less charms of novelty, and still fewer are more practical, or require a greater amount of intelligent skill for their successful treatment, than those which head my paper for this evening.

When we remember their every day occurrence, the distress and annoyance which they cause, the often futile effort of the physician to give relief, the indifference or empiricism with which they are often treated, and the temptation of the unhappy sufferer to become the dupe of the nostrums and quackeries of the present day, it will not seem amiss for us to devote a short time to their consideration.

Dyspeptics are probably more numerous in this country than in Europe, and a careful study of our mode of living and cooking will afford a ready explanation. The causes of dyspepsia may, for convenience of study, be divided into predisposing and exciting. Without here mentioning the various causes, hereditation may, I think, be classed as one of the chief among the predisposing. The American people, for several generations, from their greed of wealth, improper cooking and irregular and hasty habits of eating, have overtasked and weakened the digestive organs, till at last they have dyspepsia, or a predisposition thereto, by hereditation. It does not require an imaginative mind to understand how dyspepsia may be influenced by hereditation; it follows the well-known principle, "like begets like." We know not only that deformities, disease and peculiar traits are transmitted from parent to offspring, but we also know that acquired defects are likewise propagated. Brown-Séquard,* after having produced epilepsy in some guinea pigs by injuring certain portions of their brains, found the disease to appear spontaneously in all the offspring of the diseased animals. Hæckel also mentions that a race of tailless dogs and calves appeared as the offspring of animals that had been accidentally or intentionally deprived of their tails.

It is common for many, instead of giving an hour for the leisure enjoyment of their dinners,

* Whittaker's "Elementary Lectures on Physiology."

to bolt them in from ten to fifteen minutes, and rush back to business; thus taking the blood to sustain their physical and mental efforts which should go to the stomach to carry material to aid in digestion.

Several different forms of functional dyspepsia have been described by various authors, but Ziemssen, in Volume VII, classes all forms of this variety of dyspepsia under the generic term of neuroses of the stomach, a term which, I think, is liable to mislead, unless we constantly bear in mind that the neuroses are only a part of the trouble, and often secondary in nature.

To understand what is embraced under the term functional dyspepsia, be it perverted function of the muscles, glands or nerves of the stomach, it is necessary to call to mind some points in the physiology of this organ. There are no grinding movements in the stomach of man, to aid digestion, as in some of the lower animals, but the muscular movements of the stomach are very important elements in this process, and when these movements are imperfect, great inconvenience results. At the cardiac end and along the curvatures of the stomach, there are numerous glands, whose function is to secrete a fluid which is particularly engaged in digesting the albuminous portion of the food, and at the pyloric portion more particularly, there are mucous glands* which secrete a fluid that has no active office in digestion, but this mucus becomes a great retarder of digestion, and indirectly of absorption, when too abundantly secreted. The fluid from the peptic or cardiac glands is acid, and is intermittingly secreted, while that from the pyloric or mucous glands is alkaline, and is constantly secreted. Thus we find the gastric juice during digestion to be acid, and during the intervals alkaline or neutral. The digesting power of the gastric juice is due to the presence of its peculiar acid, and the organic principle known as pepsin, neither of which can act alone. Many French physiologists contend that the acidity of the gastric juice is due to the presence of lactic acid, but the Germans contend as strongly for hydrochloric.

The stomach is supplied by the pneumogastric and sympathetic nerves. Experiments upon these nerves have not as yet enabled us to draw very definite conclusions in regard to their function in relation to digestion. So far as we know, irritation of the sympathetic will retard digestion, by contracting the capillaries of the stomach and lessening the blood supply; and paralysis of this nerve will cause engorgement of the mucous membrane of the stomach and over secretion of gastric juice. Experiments upon the pneumogastric give nearly opposite results, but, like those obtained from the sympathetic, these results are not always constant.

Mechanical irritation, alkaline fluids, as saliva, dilute alcohol, bitter tonics, etc., increase the flow of gastric juice, and those substances which interfere with fermentation, and suspend the power of pepsin, as metallic salts, concentrated acids, and alcohol, and regurgitation of bile, either retard the flow or action of the gastric juice.

For convenience of study, functional dyspepsia may be divided into atonic, pyrosis, bilious attacks, reflex and nervous dyspepsia. Time will not admit of speaking of any of these forms at a great length, but a few words in regard to the causes, main features and treatment of each will suffice.

Atonic dyspepsia manifests itself under two forms,* differing in nature and treatment. One is muscular atonicity of the stomach, and the other, faulty secretion of the gastric juice proper. By the muscular movements of the stomach, its contents are brought in contact with every part of its secreting and absorbing surface. If these movements do not take place, the gastric secretion is retarded in its action, because after the outer portion of the food is well saturated with the digestive fluid, its further action is hindered, unless by virtue of these peristaltic-like movements the digested portion of the food is absorbed, and this can only be accomplished by its being brought in contact with various portions of this mucous surface. Thus, it may be readily appreciated how muscular atonicity retards both digestion and absorption.

The chief cause of muscular atonicity of the stomach is rapidity of eating, which leads to gluttony and over distension of the organ, and in some cases to permanent dilatation of the same. It is for the most part a painless dyspepsia, differing widely in this respect from the other form of atonic dyspepsia caused by faulty secretion. Its

* In Küss' "Physiology," page 238, it is stated: those glands of the stomach (identical with Lieberkühn's glands) which have been called mucous glands, have thus been incorrectly named, the mucus not being a normal product, and no special gland being needed to produce it.

* Nearly two years after I began to take notes on these different forms of atonic dyspepsia, and several weeks after I began to prepare this paper, I read a short abstract of a paper on Atonic Dyspepsia, read by Dr. Leared before a medical society of London (see abstract of *American Journal of Medical Sciences* for Feb. 1879), taken from the London *Lancet*, Dec. 14th, 1878.

chief symptoms, which are acid eructations, escaping of gas, distension of the stomach, oppression at the cardiac region an hour or two after eating, in some cases finally relieved by vomiting, are readily appreciated, when it is remembered that the stomach is over distended by a mass of decomposing food, developing gas, irritating the mucous membrane, and causing a hyper-secretion of gastric juice, together with the acid developed by decomposition.

Treatment.—As rapid eating prevents us from recognizing when we have partaken of a sufficient quantity of food, leads to over-distension of the stomach, and atony of its muscular walls, so is the correction of this injurious habit essential in the treatment of this and all other forms of dyspepsia. Food of the most digestible nature should be eaten in small quantities several times during the day, and at no time should a large meal be indulged in. Many of the bitter tonics give temporary relief, but none compare with strychnia in the permanency of its effects. Its most happy effects are obtained when given in solution in a simple bitter tonic, or in Basham's mixture, a few minutes before eating. This is one of the forms of dyspepsia in which electricity and massage are used to good advantage. It is not my purpose to-night to give records of clinical cases to illustrate different forms of dyspepsia, but I now call to mind a number of instances where persons suffering from over distension of the stomach have been temporarily relieved in a few minutes, by gently kneading the gastric region. Electricity may be applied three or four times a week, and about ten minutes at each sitting, the positive pole over the stomach and the negative to the left of the spine.

Atonic Dyspepsia from Faulty Secretion.—The gastric secretion may be deficient in the acid, pepsin, or both; or the acid secretion may be too abundant. The cause of this faulty secretion lies in some malnutrition, or in an affection of the glands of the stomach. It occurs in persons of sedentary habits, or in those whose blood has been impoverished by hemorrhage or disease. Malaria and Addison's disease (including under the latter the so-called pernicious anæmia) will give rise to it, not only by impoverishing the blood, but also by producing atrophy of the peptic glands themselves. Hypertrophy or hyperæsthesia of the gastric tubules may give rise to an over secretion of the acid of the gastric juice.

Symptoms.—Given a case of atonic dyspepsia from faulty secretion, with our present knowledge of gastric digestion, unless further clinical experience shall enable us to determine, it will be difficult to decide, before testing by treatment, whether the pepsin or the acid is deficient.

The great symptom of deficient acid secretion is pain coming on some hours after eating, and is generally not relieved till the food has passed into the intestines, where it usually sets up a temporary diarrhœa. In these cases with deficient acid secretion burning eructations are sometimes troublesome. The patient becomes emaciated, both on account of imperfect digestion and the refraining from taking food because it gives pain. The following case seems to be a typical example of this variety, and, therefore, worthy of close study.

Mr. M., aged about thirty-three, a banker, spent his early years in agricultural pursuits, but for ten years has been leading sedentary habits; has suffered for about five years with cramping pains in the stomach, coming on after eating and passing off in diarrhœa. Bowels always irregular, constipation alternating with diarrhœa. During these five years he sought the advice of various medical men, and took numerous remedies, such as iron, quinia, strychnia, pepsin, etc., but obtained little relief, and was compelled to change from one drug to another, till at last he scarcely found anything that would make life tolerable. Finally the suggestion of some kind friend that he had cancer, made life a burden. He first consulted me in September of 1877, when I obtained his history as given above, with the expression, "I have not enjoyed a meal for five years." He had lost twenty or thirty pounds in weight, but there were no evidences of cancer, as shown by tumor, cachexia or vomit. On questioning him, I found he had taken almost everything likely to be of service, except the mineral acids. I ordered five drops of the nitro-muriatic acid three times daily, just before eating, systematic exercise, largely a meat diet, and a laxative only when compelled to use one. In a few weeks he wrote, "I have had no pain since I saw you, enjoy my steak without inconvenience, which has not been the case before for several years, and my bowels are opened regularly without the aid of purgatives." Thus he continued from September to January, without interruption. In January I requested him to discontinue his medicine for a while, to keep up systematic exercise with dumb-bells, walking, etc. In a few days I received a note from him, telling me he had to resume his medicine, as the first meal he had eaten without it his old trouble returned. From time to time I have requested him to decrease or stop his medicine for a while, but at no time has he been able to do without it and not suffer from

his former cramping pains. It has now been about eighteen months since he began with the acid, but still it seems just as essential to his comfort, and as effectual in digestion, as when he first began with it.

That we may have a form of dyspepsia from a diminution of the peptones in the blood, is in accord with the peptogenous theory of Schiff,* which has produced many practical results, and is further proven by clinical observations. Küss, reasoning on the physiology of gastric digestion, states that certain cases of sluggish digestion are due to the peptic glands not finding in the blood a sufficient amount of peptogenous material to impregnate them. "Schiff† mentions that 'some persons suffering from this malady were cured in a few days by taking soup an hour or two before eating a meal, or a draught of a solution of dextrine, or even an injection of the same, half an hour or an hour before taking food.'" I have been able to relieve or cure several cases of dyspepsia by having my patients take a little soup or milk between meals, and instead of eating two or three full meals daily, to eat a little six or seven times during the waking hours.

The treatment of this form of dyspepsia is simple, if we bear in mind the physiology of digestion, what things aid it, and what retard it, and secure the hearty coöperation of the patient to sūbject himself to a properly regulated diet for a sufficient length of time, without which no effort on the physician's part can give more than temporary relief.

Having secured the hearty coöperation of the patient, in many cases a little pepsin at meal time, with an occasional laxative, will suffice; in others the pepsin may be given just before eating, followed by a bitter tonic just after eating.

If there is a hypersecretion of the acid of the gastric juice, due to irritability or hypertrophy of the glands of the stomach, its effects are just the opposite of pyrosis or waterbrash, but its pathology and treatment are very similar. Waterbrash or pyrosis is due to a hypersecretion of the mucous glands‡ of the stomach, which become irritable or hypertrophied. Its chief symptom is vomiting of watery, glairy mucus, before eating, and especially before breakfast, the fluid having accumulated in the stomach during the night. This condition interferes with digestion by the accumulation of large quantities of watery mucus, which dilute the gastric juice and prevent the specific action of the latter upon the contents of the stomach. Then follow a series of symptoms from the decomposing food, such as eructations of gas, acid fluid, distension of the stomach, etc. The most effectual treatment, combined with a properly regulated diet, is by astringents, an hour or so before eating, giving the astringent on an empty stomach, so that it may act directly upon the over-sensitive mucous glands. A host of astringents have been recommended—copper, sulphate of zinc, creasote, kino, nitrate of silver, bismuth, etc. Bismuth is often objected to by many, on account of its bulk, although it often does great good. On the whole, the most effectual treatment I have found is tincture of kino, in Huxham's tincture of bark, from fifteen to thirty drops of the former to a teaspoonful of the latter, from half an hour to an hour before eating. While carrying out this treatment other symptoms may arise, which will call for temporary measures for their relief.

Just a few words in regard to what are called "bilious attacks," or bilious dyspepsia. To rightly appreciate these attacks, and to treat them intelligently, we must keep in mind some of the best known functions of the liver, and the relation which this important organ bears to digestion and nutrition. In 1848 Claude Bernard discovered sugar in the liver; and in 1855 he demonstrated that the sugar of the liver is derived from a substance found in the liver, which substance, in 1857, he found to resemble in features those of vegetable starch. This substance stored up in the liver is called glycogen. The albuminous and starchy products of digestion are taken up mainly by the radicles of the portal circulation, and are carried to the liver, where they undergo important changes before reaching the general circulation. Both of these substances are more or less transformed into glycogen by the liver, in which it is stored up to be transformed into sugar for the nourishment of the tissues. Thus it is seen that the liver performs two important offices, one active, transforming and fitting the products of digestion for assimilation, and the other passive, acting as a reservoir, in which are stored up important and nutritive material. The tissues cannot appropriate more material than is required for their nutrition, and if a superabundance of food is partaken of, digested and absorbed, the circulation becomes too full, as shown by the slow, full pulse, sluggish feeling, both physical and mental, headache, etc.; and the liver is overtasked, which, by a provision of nature, is relieved by an overflow of

* Küss' "Physiology," page 242.

† Küss' "Physiology," page 243.

‡ See Küss' "Physiology," page 238, for contrary opinion.

bile from the liver into the small intestines, and this in turn sets up a bilious diarrhœa, or an attack of vomiting. These bilious attacks are brought on by excess of food, and are usually found in persons who are irregular in their habits of eating, especially as to quantity, and who only occasionally indulge in large meals, and at other times almost starve themselves by their over caution, lest another attack should be brought on.

Their nature suggests their treatment. Encourage nature in her efforts to get rid of useless material, but endeavor to induce her to carry it off by the stools rather than by vomiting. In the prodromic stage, free purgation will often prevent all the unpleasant symptoms of a bilious attack, and especially those by vomiting. Prevention is better than cure, so here regularity of eating is the only sure preventive.

Reflex or Sympathetic Dyspepsia.—Often the most aggravating forms of dyspepsia arise from disease in organs distant from the stomach. Typical examples of these are found in the multitude of uterine disorders occurring in the female, and to a less degree in the genital affections in the male. Imperfect sight from errors in refraction, not corrected by the proper glasses, will occasionally give rise to gastric disturbances. Often one of the first symptoms of congestion or inflammation within the cranium is intolerance of the stomach. Gall stones, piles, constipation, hernia and affections of the ear, teeth, kidneys, pancreas and liver will give rise to functional or reflex dyspepsia.

The nature of this class of dyspepsia, like the preceding, also suggests its treatment. I have been able to relieve a number of such who complained only of dyspepsia, by treating some distant organ, without any direct or special agents for the stomach.

Neuroses or Neuralgia of the Stomach.—I would define these to be excessive exaltation of the sensibility of the stomach, from special diatheses. Apart from those cases of gastralgia from organic disease, or disease in distant organs acting in a reflex manner, and giving rise to gastralgia, or those in which the pain is caused by some of the forms of functional dyspepsia already considered, I have not met with a single case of neuralgia of the stomach pure and simple. In other words, I have not met with a single case of this disease where I could not trace it from some cause other than a special diathesis. That there are such cases, the clinical observations of many fully attest, but they are rare. On the other hand, there is an immense number of cases secondarily neurosal, following debilitating influences, and among these may be mentioned those of a moral character, operating through the nervous system, as fear, grief, anxiety, or severe intellectual effort, abuse of stimulants, tea, coffee, anæmia and chlorosis.

Neuralgic, gouty and rheumatic diatheses, and the complex states expressed under the terms hysteria and hypochondriasis, may give rise to neuroses of the stomach, which are directly and almost purely neuralgic in their nature. The great symptom is pain, which is intermittent and disconnected with the taking of food. Sometimes we are only able to differentiate the pain from that occurring in other forms of gastralgia by its yielding to special anti-neuralgic remedies.

Treatment.—Rest for the stomach, tonics, astringents, anti-neuralgics, anodynes, and electricity applied as in atonicity of the muscular coat of the stomach. Rest is best obtained by rectal alimentation.*

*Since reading the above paper, my attention has been directed to rectal alimentation by injections of defibrinated blood in the rectum, by a paper recently read before one of the New York medical societies, a procedure which deserves further trial.

Medical Societies.

AMERICAN ASSOCIATION FOR THE CURE OF INEBRIATES.

The annual meeting of the American Association for the Cure of Inebriates was held at New York, May 20th, with a full attendance of superintendents of inebriate asylums and others interested in the treatment of inebriates. The President, Dr. Willard Parker, made an extended report of the Binghamton Asylum, indicating the bad management, from political interference, and the serious blunder of the State in attempting to turn it into an insane asylum. The city of Binghamton, which originally gave the land, now threatens to oppose the movement by law, on the ground that they donated it especially for an inebriate asylum, and it cannot be used for other purposes. This, with the suit of the stockholders against the State for its recovery, will, in all probability, take the building out of the hands of the State. In the meantime the asylum is in operation, with over forty patients. The most gratifying accounts of different asylums were presented. The organization of four new asylums during the year, and the demand everywhere for these institutions, to relieve both the prisons and insane asylums, was mentioned as a growing sentiment, wherever the subject was discussed.

The following papers were read and discussed at some length: "The Effect of Alcohol on the Offspring," by Dr. E. Chenery, of Boston; "Neurasthenia a Cause of Inebriety," by Dr. George M. Beard, of New York; "Practical Results of the Inebriates' Home, Fort Hamilton, N. Y.," by

Dr. T. L. Mason, Brooklyn, N. Y.; "Loss of Memory in Inebriety"—a medico-legal study, by Dr. T. D. Crothers, of Hartford, Conn.; "Inebriety and its Treatment in Europe," by Dr. Joseph Parrish, Burlington, N. J.; "Alcoholic Beverages and their Origin," by Rev. J. Willett, Fort Hamilton, N. Y.; "Our Position and Principles," by Dr. Willard Parker, New York; "Chloral Inebriety," by Dr. J. B. Mattison, Brooklyn, N. Y.

Many of these papers were of great interest, and opened up new topics and phases of the subject of inebriety.

From the report of the secretary, Dr. Crothers, the following extracts are made:—

The discussions of the effects of alcohol on society to-day are marked by a vague uncertainty and a changing restlessness, unnoticed before.

The increased publication of books, papers, and sermons, advocating many different theories and opinions, together with the temperance revivals which have sprung up in all parts of the country, enlisting the press, and rousing up the church, followed by organized societies pledged to carry on the work (all having one common purpose—the suppression of the evils following the use of alcohol), are the most significant signs of the times, and indicate clearly a great upheaval of opinion, to be followed by a wider comprehension of these evils and their remedies.

The establishing of inebriate asylums in the midst of opposition and credulity has gone on quietly in the wake of this continuous agitation, gathering friends and influence wherever the subject and its wants were realized.

The narrow prejudice and ignorant opposition have only served to bring out more prominently the principles upon which they are founded, and behind all the clamor and sneer there is an under current of facts (increasing every year) pointing distinctly to these asylums for a solution of the many problems of inebriety.

Of over thirty inebriate asylums established in this country during the past quarter of a century, only four have suspended and gone out of existence.

Considering that they were all experimental, and working without experience or precedent, and without the sympathy and coöperation of the public, their success may safely challenge comparison with any other charity of the age.

It is a well recognized fact that the asylum treatment of inebriety is more difficult than that of insanity, and had these asylums not met a necessity as imperative as quarantine stations for infectious diseases, or hospitals for the insane, they would have all failed long ago.

The early management of insane asylums was marked by many failures and imperfections, but the principles did not change. The conceptions of the work and the application of its principles may be wanting, but the necessity and value is the same.

The necessity of hospital treatment for inebriety is established beyond all question.

Within two years a very significant movement has begun, which is the commencement of a great revolution of public opinion in regard to asylums.

There has been opened in this country within this time over a thousand temporary lodging houses and eating rooms for inebriates—places where the poor, homeless victim, after he has signed the pledge, can be taken and cared for until he is able to go out sober, and help himself.

Some of these places have five or six beds, others less. Most of them are free. Some charge a few cents and trust the inebriate to pay. Many of them are connected with temperance coffee rooms, and are scarcely known. Some of the temperance eating rooms have the names of benevolent persons who will give a room and bed to any poor worthy inebriate who is making an effort to get well.

In these places they recognize the value of physical aid, and the necessity of food and rest, before the diseased will can be restored. The pledge is first given, then the physical wants are supplied. The comforts of home and food are furnished, either free or at a cost that is merely nominal, and often clothing is also furnished. Conversation, prayer, advice, the personal influence of some friend, watching and protection from old associations, and other temporary means, are employed.

Many of these places are managed by societies and reformed inebriates, others by women or churches. The Women's Temperance Union and the reform clubs seem to sustain the most of these places. In some cities single individuals are supporting little homes of this character, and the purpose of all—to shield and protect the inebriate—is one of the fundamental principles upon which inebriate asylums are based. Without any special notice, and almost unknown in the cities and towns where they exist, these initial asylums are rapidly forming public sentiment, and preparing for a larger and more enduring work in asylums properly organized.

The value of one day's restraint in these homes will bring the most positive proof of the greater good coming from a longer time, with more perfect care and attention.

If good food and quiet rest will help to overcome the diseased impulse, it is only a step to realize the value of months of such surroundings, and the possibility of permanent recovery.

These homes are rapidly increasing, and following the track of the great revivals, and they are literally the first efforts of the masses to treat inebriety by rational means. From every one will go out an influence that will far transcend the individual good they can accomplish.

This is undoubtedly the beginning of a great inebriate asylum movement, which shall provide hospitals and homes for this class.

The public are ripe for some practical methods of reaching this disorder. A small number of asylums are at work, like the videttes of an advancing army. Practical men, both in and out of these asylums recognize the possibility of making all this vast tide of inebriety support itself in hospitals sustained by law and public sympathy. All the indications are unmistakable, that behind this noise and confusion will be seen the reign of law and growth of homes and hospitals that shall meet the demand of the inebriate. The medical profession are also agitating this subject, and from all sides come the most cheering proofs that the work of our Association is scarcely begun. * * *

The following officers were elected for the coming year: President, Dr. Willard Parker, New York city; Vice presidents, Drs. Albert Day, of Boston, and B. N. Comings, of New Britain, Conn.; Secretary and Treasurer, Dr. T. D. Crothers, Hartford, Conn.; Secretary for Foreign Correspondence, Dr. Joseph Parrish, Burlington, N. J.

This association meets in New York city, semi-annually, hereafter, and is doing a very important work.

KANSAS STATE MEDICAL SOCIETY.

The thirteenth annual meeting of this Society convened at Atchison, May 14th, nearly 300 members being present. An address of welcome was delivered by Hon. B. P. Waggener, who was responded to by Dr. C. C. Furley, President, who also delivered the annual address, which was an outline of the history of medicine from the dawn of time until the present era. He traced the progress of medicine from the time it was a superstition until it became a science, the Greeks being the first to throw off the shackles of superstition, until Hippocrates wrote the famous sentence "Nature is the first of physicians." The progress of the healing art was then followed, century by century, until the thirteenth and fourteenth, when great progress was made, and in 1315 Mondeni de Luzzi, for the first time for seventeen centuries, dissected a human subject before a class of pupils. Discovery then followed discovery, till in 1619 the great Harvey made known the mechanism of the circulation of the blood. War, a great evil, yet worked for good in the development of surgery. Then came the illustrious Edward Jenner, with the discovery of vaccination, and the medical roll of fame bore the name of John Hunter. A brief allusion was made to the progress of medicine in the United States, and the roll was called of the illustrious Americans who have labored for the good of their profession and of mankind.

Dr. Furley was followed by Dr. Tiffin Sinks, in an address on public and private sanitation. He observed that, great as are the ravages of the thousand forms of accident, of intemperance and of violence, the greatest scourges are infectious and contagious diseases. The plague, for instance, in the fourteenth century swept away 70,000,000 of people. "Humanity underwent a total revolution; society became disorganized; the planet was delivered over to a chaos of terror, superstition, crime, pain, pestilence and death." After five centuries we might expect better things, but the history of the yellow fever in the South last summer sounds like the story of the plague. The instinct of self preservation is as strong as ever. The speaker here introduced a powerful contemporary description of the South during the pestilence, "when the strongest ties of nature snapped in the fever, like strings of tow in the flame." In the midst of universal panic, however, the physicians, as a rule, remained at their posts, and three hundred of them died there.

Reports of committees were called for, and Dr. J. B. Gish, of Valley Falls, read a paper on "Recent Advances in Chemistry." Dr. Gish's paper gave an account of several new metallic elements discovered within the last ten years. The results of recent chemical analysis, throwing light on the process of digestion, were spoken of. Dr. Gish mentioned the rising interest in sanitary science and the progress made in the discovery and use of antiseptics. The paper was referred to the Committee on Publication.

Dr. Fryer, U.S.A., read an elaborate paper on "Recent Advances in Ophthalmology. Dr. Fryer spoke at some length of the uses of eserine, the active principal of the Calabar bean. Some improvements in operations for cataract were described.

A number of names were reported by the Board of Censors, for admission as members.

Dr. Fryer exhibited a self-retaining attachment to Sim's speculum, invented by himself, and explained its method of application.

Dr. Carpenter, of New Lancaster, Miami county, read a practical paper, singularly devoid of medical technicalities, in regard to the use of plaster-of-Paris bandages in cases of fracture. Notes of several cases in the vicinity of New Lancaster were given. Dr. Carpenter explained that his views were presented for the benefit of country surgeons who had not at hand the array of splints, etc., at the command of the city practitioner. Referred to the Committee on Publication.

The Society adopted, without debate, the following:—

Resolved, That the Kansas Medical Society disapprove and condemn the use of copyrighted pharmaceutical preparations.

Dr. C. V. Mottram, of Lawrence, read reports on a case of dislocation of the hip joint, which was reduced after four months' standing; and a fatal case of aneurism of the aorta, illustrated by a specimen.

Dr. Morris, of Lawrence, read a paper on a case of puerperal insanity. The patient was successfully treated with chloroform, bromide of potassium and hydrate of chloral. A case of puerperal convulsions was similarly treated, with good results.

Dr. Daugherty, of Junction City, read a paper on "Parasites," a subject which Dr. Daugherty described as "attractive." The paper was illustrated by several beautiful tapeworms.

Dr. Daugherty, in response to a question as to his treatment, stated that at nine o'clock he whooped up the worms with two ounces of turpentine and half an ounce of castor oil; at eleven o'clock the first attack was followed by three ounces of turpentine in mucilage of gum arabic, and at twelve o'clock the worms were in full retreat.

At this report the Society manifested great enthusiasm.

Dr. W. S. Tremaine, U.S.A., then took the platform, and partly reading and partly talking, described several new surgical instruments and appliances, and entered into a description and illustration of the Lister antiseptic treatment of wounds, familiarly known as "Listerism," which subject he has made a careful study in his practice as an army surgeon.

The Committee on the Medical Law recommended that the Board of Examiners be appointed a committee to report any desirable alteration in the act under which they are appointed, at the next meeting of the Legislature.

A stirring discussion of the law sprang up, and continued for at least two hours. A variety of opinions were developed.

Dr. Shean and others thought the law contradictory and meaningless. He would risk all its penalties.

Dr. Fryer was in favor of postponement and taking legal advice, and if the law could be evaded, he was in favor of evasion.

At last, after many motions and much talk, a vote was reached on the motion accepting the report of the committee, appointing the board of examiners, and it was carried, 60 to 41, so the law was accepted.

On motion of Dr. Tremaine, a committee was appointed to present resolutions expressive of the sense of the Society as being condemnatory of the law in its present shape.

The Society then listened to a paper by Dr. Halderman, on puerperal convulsions.

The Committee on Nominations made the following report, which was adopted:—

For President, C. C. Furley; Vice Presidents, J. H. Stuart, J. M. Linley; Secretary, F. D. Morse, Ass't Secretary, W. B. Gibson.

Board of Censors, J. F. Neely, M. R. Mitchell, Dr. Jacobs, James Haller, P. Daugherty.

On the next and last day, after some general business, Dr. McCully read a paper on yellow fever. He began by saying that it was a mistake that yellow fever always had been, and in consequence always would be, confined to a southern latitude. It had once existed in Connecticut; at one time it devastated Philadelphia, and some day it might prevail in Kansas. His first experience with the disease was at Key West, in 1864. The island is not subject to malarial diseases. The disease broke out in Fort Taylor in May. It was discovered that a sewer leading from a vault to the moat of the work had become closed. Twenty-four men were detailed to clean out the sewer. All were attacked by yellow fever, and in a short time seventeen were dead. He investigated the subject of the effect of race. There were colored troops raised in the District of Columbia, and a white regiment from New York. Both white and colored took the fever, but the mortality was much the greatest among the whites. Acclimatization was not a protection. Gen. Woodbury, the commander of the post, who had lived long at Key West, died of yellow fever. He had no doubt the disease spread by contact. Men who came into Key West were attacked by the disease. Places not quarantined to Key West were affected. He made eighteen *post-mortem* examinations at Key West, and in all cases found fatty degeneration of the tissues and enlargement of the spleen. After his experience at Key West, he saw the yellow fever again at Havana. At Memphis he again witnessed its ravages. He deserved no credit for courage, for he had no cause for fear. He had had yellow fever at Key West, and did not expect to have it again. In his opinion, yellow fever belonged in the class with scarlet fever and smallpox, where one attack is the rule. He had abundant evidence of this fact. The mortality, he believed, was increased by the treatment. Blanketing, sweating and purging were all wrong. Dr. McCully did not go into the details of his treatment, but it was gathered that he had found milk and lime water and injections of quinine beneficial. He spoke highly of the devotedness of the Southern physicians. They had protested against the sanitary condition of the Southern cities before the epidemic came. The result in Memphis was the triumph of scientific medicine. During the last three weeks of the fever there was not a homœopath or eclectic in Memphis. When suitable medical attendance was secured, the disease yielded to control. Science could have prevented the disease; science certainly checked it. The North displayed a noble generosity, but the spirit which led northern men to visit the infected district was a mistaken one. They could do no good, and added to the number to be taken care of. The Southern physicians welcomed real aid from any source. A colored physician came down from Cincinnati. He was welcomed; was set to work, was remarkably successful, but finally fell a victim to the fever. The speaker was confident that the gratitude of the South was deep and lasting, and that to be a northern physician was to hold a passport to the best society of the South.

At 12 o'clock, noon, the thirteenth annual session of the Kansas State Medical Society adjourned.

Editorial Department.

Periscope.

The Antiseptic Treatment of Hepatic Abscess.

Dr. W. C. Maclean, Professor of Military Medicine in the Army Medical School, Netley, writes to the *British Medical Journal*—

Private Thomas Debell, Fourth Hussars, aged thirty-nine, twenty years' service, of which seven were spent in India, was invalided from India, and admitted into the Royal Victoria Hospital, Netley, on May 10th, 1878. He had suffered from primary syphilis in 1865, for which he was treated with iodide of potassium and mercurial fumigations. In 1870, he had repeated mild attacks of ague at Meerut, followed by syphilitic rheumatism. In 1871, he was sixty-three days in hospital, according to the medical history sheet, for "Bright's disease, cause unknown." There is, however, reason to believe that the symptoms which were supposed to indicate Bright's disease were in reality due to injury to one or both kidneys, the result of a heavy fall on his back from his horse. No symptoms of Bright's disease, nor any affection of the kidneys, were present on admission. He was invalided for the results of this accident, and sent home, arriving

at Netley in April, 1872, well and fit for duty, and at once sent to his depot, and, after a time, returned to his regiment in India.

In March, 1878, he had what he describes as a slight attack of dysentery, from which, on embarkation for England, he was convalescing. During the voyage, while on night duty, he slept on deck, was chilled, and suddenly seized with acute pain in the hepatic region, with rigors and vomiting. The following was his condition toward the end of May: He was emaciated; his tongue was clean; no diarrhœa; appetite bad; morning nausea. He was very restless, sleeping badly, yet his spirits were always good. Morning temperature 100°; evening, 101 to 102°, F. Pulse 80 to 90. The cardiac sounds were normal. Cough was troublesome at night; there was slight crepitation at the base of both lungs. Hepatic dullness in the mammary line extended from the sixth rib to within two inches of the crest of the ilium. Just below the cartilage of the ninth rib there was a well-defined prominence, four inches in diameter, extremely tender, but without fluctuation. There were, in addition, general hepatic pain, and impatience of palpation over any part of that region; and the superficial veins on the right side of the abdomen were prominent.

On June 6th an unsuccessful attempt was made to evacuate an abscess, the existence of which was diagnosed, with an aspirating needle. No pus was found, but rather more than half an ounce of blood was withdrawn by the exhausting syringe. For two days the patient experienced considerable relief of the local symptoms from the operation. Soon, however, diarrhœa and night sweats set in. It was then determined to operate again, this time according to the antiseptic method. The operation was performed by Surgeon Major Porter, Assistant Professor of Surgery, the patient being under the influence of ether, a powerful steam-generated carbolic spray playing on the part. An opening was made with a full-sized trocar between the ninth and tenth ribs. Twelve ounces of thick, creamy-looking pus having been withdrawn, a drainage tube was introduced and secured in the usual way; the part was dressed with carbolized gauze and tow, and secured with a carbolized bandage, according to Mr. Lister's method, the spray playing until the dressing was completed. At every subsequent dressing, the same method was carried out with scrupulous care, so as to avoid the entrance of uncarbolized air, and the discharge was received in the carbolized dressings.

It is not necessary to give the details of the case further than to say that the case progressed favorably, and that, notwithstanding the great heat of the weather, the discharge continued free from every trace of mal-odor to the last. Some difficulty was experienced in introducing fresh drainage tubes, owing to contraction of the wound, which was overcome by careful dilatation with bougies. During treatment, the patient was troubled by a return of syphilitic rheumatic pains, which were relieved by iodide of potassium in full doses. On August 25th the tube was withdrawn, the wound, however, being still dressed with carbolized lint. By the end of August the wound was quite closed, all pain and tenderness on pressure had ceased, his general health was good, his temperature was normal, he had gained flesh, and was able to make himself useful to patients in the ward. The liver was greatly reduced in size, in fact, in all directions, little exceeding its normal limits. Having completed his time of service, he was finally discharged "to pension," in very good health.

The Medical Use of Cinchona.

Some rules for using cinchona and its alkaloids are laid down by Dr. H. M. Field, in the *Transactions* of the Vermont State Medical Society. Premising that there are but two general contraindications to its use—a disposition to cerebral congestion or to intestinal inflammation—he recommends these directions:—

Immediately after the paroxysm, eight grams of cinchona, or one gram of quinia; one day's interval, and then the same dose; two days' interval, same dose; three days' interval, same dose; four days' interval, same dose. If the medication be stopped at this point, relapses are to be feared; it is wise, therefore, henceforth, to pursue Bretonneau's plan, and repeat the dose successively, after the last day of medication, upon the 10th, 15th, 20th, 25th and 30th days. So much for the general principle; but various modifications can be introduced at the will of the practitioner, in the use either of the *single* or the *continued dose;* or as demanded by the type of the seizure, if it be quotidian, quartan or whatever. In severer cases the remedy has more immediate power if given all in one portion, or in two parts after a few hours' interval.

The intervals as proposed by the scheme advised have a double significance and value; for where the quinia is taken daily, even in comparatively small doses, there is danger either of causing irritation of the stomach, which may then refuse longer to receive the remedy, or that the patient will get so accustomed to it it will have lost its therapeutic power. In this latter event an unexpected return of the fever finds us at great disadvantage. Hopelessly involved are those cases—happily very rare—where from neglect of this caution and steady persistence in the exhibition of large quantities for a considerable time, together with exceptional obstinacy on the part of the disease, the phenomena of morbid poisoning and therapeutic poisoning become inextricably blended. There are few conceivable conditions so unfortunate for both physician and patient.

In pernicious fever a different plan must be followed; the dose as just estimated must be doubled or trebled, and we cannot safely, as in an intermittent, wait for the intermission. Too often no complete intermission is granted, and we must choose the epoch when the accidents of the preceding paroxysm begin to abate a little, or the period of remission. Here medication must be heroic; the doctor who hesitates is lost, and loses his patient. In this emergency he must take command as the "master," rather than serve as the "minister of nature." Truly has Lauter said that if ever the physician is arbiter of life and death, it is in pernicious fever. The im-

portant bearing of hypodermic medication upon this variety of disease has been already remarked.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——"*The Country Practitioner, or New Jersey Journal of Medical and Surgical Practice,*" is the title of a new periodical, published monthly, at Beverly, N. J., by Dr. E. P. Townsend, at $2.50. It is neatly gotten up, and has a fair promise of life. We note that on page 22 the editor quotes from a writer in the Reporter this sentence: "It has been remarked that probably veratrum viride has never been given to a patient who would not have been as well off without it;" and adds his own comment, as follows: "This remark was probably not made by a physician; if so, his powers of observation must have been exceedingly limited." If Dr. Townsend will turn to the *National Dispensatory*, under *Veratrum viride*, he will find that this remark is made by Prof. Alfred Stillé, M.D., LL.D., except that Dr. Stillé writes that the patients would have been "better off" without this drug.

——The Proceedings of the Southern Illinois Medical Association, held at Centralia last January, form a neat pamphlet of eleven pages. Only the minutes of the meeting are inserted. The publication committee announce that, after mature deliberation, it has seemed best to publish only the minutes of the annual meeting, reserving the papers submitted till after the semi-annual meeting, when they hope to be enabled to publish the transactions of the annual and semi-annual meetings in one volume, which will be a credit to the Society, both at home and abroad.

——The third part of the Atlas of Histology, by Dr. Klein and Mr. Smith, is occupied with elastic tissue, adipose tissue and cartilage. The colored plates are beautifully executed, and quite a pleasure to look at.

BOOK NOTICES.

Diseases of the Throat and Nasal Passages. A Guide to the Diagnosis and Treatment of Affections of the Pharynx, Œsophagus, Trachea, Larynx and Nares. By J. Solis Cohen, M.D., etc. Second edition. Revised and amended. With 208 illustrations. New York, Wm. Wood & Co., 1879. 8vo, pp. 742.

This large work, printed on fine paper, in good style, and abundantly illustrated, must long remain the leading American monograph on the important subject of which it treats. Seven years have passed since the appearance of the first edition, and during that time the author has lost no opportunity to add valuable matter from his wide experience, to the text of his book. Comparing it with the work of Browne, published in London last year, we must give the American monograph an easy superiority to that artistic production.

The scope of the work is so fully stated in the title given above, that we need not present an analysis of its contents. The bibliography of the subject is omitted in the present edition, but the numerous references and the very full index, with the names of authors, amply make amends for the omission. The cuts are largely of instruments and of the laryngoscopic image in various diseased conditions. Some of them are new, the majority have already appeared.

Of the topics treated many readers will first turn to the chapters on croup and diphtheria. They are learned and thorough. Dr. Cohen considers them different diseases, requiring different treatment. His summary of the practical questions relating to them indicates large personal experience as well as extensive reading. The same has impressed us in examining the presentation of the various syphilitic affections to which the parts he has under review are liable. Indeed, the work, as a whole, will be sure to give satisfaction.

Fistula, Hæmorrhoids, Painful Ulcer, Stricture, Prolapsus, and other Diseases of the Rectum; their Diagnosis and Treatment. By William Allingham, F.R.C.S., Eng., etc. Third edition. Phila., Lindsay & Blakiston, 1879. Cloth, pp. 325. Price $3.00.

Mr. Allingham's work needs no introduction. Two editions have already been sold in this country, and as many in England. For years it has been regarded as one of the best monographs on the rectum in our language. The present edition has been largely re-written, and the author informs us that he has in various respects modified the opinions he advanced in his previous issues. The work has also been enlarged by a more full discussion of various points. We have perused with much interest his experience in extirpating the rectum for cancer. His reports do not tell very strongly in favor of this hazardous and difficult operation.

It is to be noted that the book is not provided with an index. This is an omission which is inexcusable in these days of much reading.

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THE ENGLISH MEASURES FOR CONTROLLING PROSTITUTION.

The continued efforts made by the association of persons in England who have in view the repeal of the Contagious Diseases Acts, so far as they relate to the control of prostitution, have led to another official examination of the results of enforcing the Acts. The report has not yet been made, but, undoubtedly if it is from unprejudiced observers, it will show that venereal diseases have been diminished, the number of prostitutes lessened, their health bettered, and many young girls saved from following this unfortunate career.

Such are the results which unbiased medical observers who are in the most favorable position to be correctly informed have unanimously stated to have been brought about. There is not a single medical journal of prominence in Great Britain but that is in favor of these Acts; there is not a single physician or surgeon who deserves to be ranked among the leaders of the profession but who is in favor of them.

The opposition comes from clergymen, from hobby-riding philanthropists, and from women whose emotional nature is too strong for their reasoning faculties to have fair play. Not all women, however, are to be classed in this category. One of them, Mrs. Hoggan, at a recent meeting to further the repeal of the law, actually had the nerve and good sense to say, in reply to those who alleged that the medical examination of public women was an outrage on the liberty of the subject—

"It is agreed that the compulsion exerted here is the grievance, but it seems to be forgotten that the women in question are exercising a lucrative trade, which, to respectable women, is repulsive beyond the power of words to express, but which, in the majority of cases, is not repulsive to themselves. In as far as it is a trade which may spread disease, these carriers of disease naturally fall within the jurisdiction of good government, just as persons carrying on offensive trades, such as chemical works, are likewise placed under control, and they have, therefore, no claim to escape control of a reasonable nature, and to injure with impunity the health of the community."

These are the words of a woman who is brave enough not to be ashamed of her common sense. These Acts are undoubtedly a misfortune in the sense that they are necessary, but it is a libel to say that they are immoral. All the machinery for good, all the practical philanthropy, all religious schemes, have failed to extinguish the evil. The law has come in to help the most earnest workers, not to supplant them. Its object is to deal with and, at least, to diminish a terrible disease, and to assist in the rescue of the fallen; and so far as it aims at and achieves these purposes it deserves support, not only on scientific grounds, but on those of the highest morality and of religion.

While the profession in Great Britain is thus practically unanimous in the support of these Acts, we cannot but refer with regret and shame to the lethargy or cowardice of the profession of the United States. Afraid of the clamor of the "unco guid" and the sentimentalists, they have avoided this question of the registration and supervision of prostitutes. Although ample evidence is before the world that sin and suffering have been both diminished wherever the English acts have been enforced, the physicians

of the United States still hesitate to range themselves on the side of right and progress; and the reason is that they are afraid of the clergy, the ladies, and the professional philanthropists.

LIFE INSURANCE COMPANIES AND PHYSICIANS.

The case of Colonel Dwight, of Binghamton, the gentleman who was so unkind to the life insurance companies as to die shortly after he had placed a number of heavy policies on his life, has been made familiar to the whole country. Of course, the insurance companies were highly indignant at this action of the Colonel's; they had entertained no idea of paying the policies, but on the contrary, of receiving premiums on them for many years. Hence, they called a caucus of doctors, headed by the eminent pathologist, Dr. DELAFIELD, to examine the cadaver; but, to their disgust, this caucus unanimously rendered a verdict of death from natural causes. The body was then buried, but the insurance companies were not satisfied, and after some six months, dug it up again, and had a second caucus of pathologists upon it. Again the experts returned an opinion of death from natural causes. But the agile intellects of the insurance companies were not to be foiled. As after two post-mortems and six months' interment the Colonel did not look like himself, the companies had the happy thought that there had been personation, and that in fact the Colonel is yet living, and had hired somebody who resembled him kindly to die in his stead, and on this ground they continue, with one exception, to refuse payment on the policies!

Such is a history of the way most life insurance companies treat their patrons when they get a chance. We mention it more especially because they are constantly endeavoring to obtain the assistance of physicians to enable them to escape their just obligations. As soon as a policy holder is dead, some companies send a printed series of leading questions to his physician, or an agent calls in person and propounds them. The doctor is asked whether his late patient died certainly from natural causes; whether bad habits of some kind did not hasten death; whether the disease may not in origin have antedated the policy; whether some other disease may not have predisposed the patient, at the date of the policy, to this one of which he died, and a multitude of other catch questions of the kind.

Such a case we notice was lately reported by Dr. Layton to the New Orleans Medical and Surgical Association. It is as follows:—

"A gentleman who had met with reverses in fortune took to drink. Nine months ago he had an attack of delirium tremens. Was called to see him on Monday last, and obtained the following history:—

"On Sunday he had taken a walk after dinner, drank somewhat freely and suddenly fell unconscious, in which condition he remained the greater part of the night. He must have had convulsions at the time. Early Monday morning he had violent convulsions. The Doctor appreciating his precarious condition requested a consultation, and Dr. BICKHAM was called in. On examination his urine was found albuminous; he never recovered consciousness, and died at 7½ P.M. His son called upon the Doctor and stated that the life insurance company in which he was insured was disposed to cause trouble in regard to payment of the policy. The agent afterward called to know what diagnosis had been given in the death certificate. The Doctor said it was albuminuria. The agent then wanted to know if the Doctor had any previous knowledge of the patient's having had albuminuria. The Doctor said 'no.' Agent wanted to know what were his habits. The Doctor refused to give him any information, on the ground that what knowledge he had acquired was a professional secret."

Dr. LAYTON went on to say that a great many insurance companies were disposed to contest payments on small grounds, and wished to know if a physician can be called upon to tell what he may have learned professionally in regard to a patient.

We are very strongly of the opinion that a physician should absolutely refuse to disclose this or any other fact which may prejudice a patient's case, when he has learned it through his professional relations. In nine cases out of ten such information is intentionally misconstrued and misused by the agents to defraud widows and orphans, and we do not believe that the Supreme Court of any State would rule that the physician is legally bound to divulge his knowledge.

It is only too evident that the majority of insurance companies will not scruple to resort to

any means to escape the payment of their policies, and it behooves physicians to be exceedingly careful to avoid aiding them in such nefarious designs.

Notes and Comments.

Ulcerations of the Cervix Uteri.

Drs. Veit and Ruge, of Berlin, have been studying microscopically the various affections of the os and cervix. From their examinations they have arrived at the conclusion (1) that the views generally held of the nature of erosions and follicular ulcerations of the cervix require great modification, these changes being really due to glandular outgrowths (*drüsige Wucherungen*), a drawing of which accompanies the paper. That (2) where the clinical diagnosis fails in certain cases of fissured cervix with epithelial outgrowths in the cervical canal, the microscope can decide with certainty for or against cancer. Ruge also states "that pieces scraped from the interior of the uterus have proved the existence of cancer several times, when there was still absolutely no certain clinical suspicion of it," and that Freund's total extirpation of the uterus was consequently performed, to the extreme benefit of the women. Lastly (3), they consider excision and "erasion" imperatively indicated "in doubtful cases, where the clinical examination alone does not give information enough, and where it is a question not only of prognosis, but of the early performance of important operations which it may be impossible to execute later on, when the physical signs are no longer doubtful." Their papers appear in the Berliner *Klin. Wochenschrift*, Jan., 1879.

Poisonous Dyes.

In this country too little attention is given to preventing the domestic employment of poisonous dyes. An English writer in the *Medical Press and Circular* calls attention to the fact that many of the aniline dyes may contain arsenic in quantities that are very injurious to the health, although the symptoms come on so insidiously, and are sometimes so anomalous, that their real cause may escape detection. Inflammation or irritation, and smarting of the eyes and nostrils, a feeling of debility and general *malaise*, headache, catarrh, dry cough, griping in the bowels and tendency to diarrhœa, are among the chief symptoms that have been observed in those who have suffered from this form of arsenical poisoning. It may be that the evil complained of is not so great as it has been represented. Nevertheless, after making due allowance for a little exaggeration, the propriety of putting a stop to the wholesale impregnation of wall papers and other materials with arsenic, cannot be questioned.

The Forms of Alcoholism.

The *British Medical Journal* states that Dr. Rabuteau, of Paris, says that wines alcoholized with the alcohols of the North, which are produced from amylaceous substances, produce true alcoholism, and not the natural wines, or those alcoholized with pure spirits of wine. There are three varieties of alcoholism: 1. Ethylism, produced by natural wines or ethylic alcohol; it causes a gay sort of intoxication, without any serious consequences. 2. Amylism, or true alcoholism, produced by wines alcoholized with amylaceous, butylic and other spirits; it renders the subject stupid, dull, and heavy, and such wines are supremely prejudicial to the health. 3. Anæsthesism, produced by the ethers of wines, and particularly the acetic ether of white wines, which affect the head, produce trembling, and, perhaps, affect the stomach, but they are not so dangerous as the amylaceous spirits.

Poisoning by Glanders.

Glanders is a disease which the laws of every State should require to be stamped out by the instant destruction of the animal which has it. Quite a number of fatal cases in the human subject have been reported this year, both in England and America. It will not add to the comfort of the thousands of men who make daily use of trotting wagons and buggies to know that cases are related in which passengers in such vehicles have been infected with glanders by matter thrown off from the horses behind which they were seated.

What Constitutes Hermaphroditism.

That extremely rare malformation which constitutes the hermaphrodite has been variously interpreted by authors, some holding that the coexistence of the external organs of both sexes is a sufficient indication of its existence. The subject was discussed by Dr. Watson, at a recent meeting of the Manchester Medical Society.

After sketching in outline the chief facts concerning the development of the sexual apparatus in the mammalia, he proceeded to point out the homologies of the genito-urinary organs in the two sexes. Dr. Watson concluded his paper by

affirming that since it was evident that in the female the parts may be arranged exactly as in the male and *vice versa*, the specific mark of sex is the presence of a distinctive sexual gland; and that, consequently, the only form of true hermaphroditism is that in which a testicle and an ovary coexist in the same individual, while all other forms must be regarded as spurious.

The Vomiting of Pregnancy.

In the *Transactions* of the Vermont State Medical Society, Dr. George Davenport insists, in a timely and forcible manner, on the propriety of inducing premature delivery when the vomiting of pregnancy resists milder measures. He says: "After using faithfully and intelligently the appropriate remedies, and the patient is still failing, the symptoms no better, then, after consultation, if you choose to, resort to the induction of premature labor, with great hopes of success. There is still one more consideration to be taken into account, and it is this: not to fail of emptying the uterus by artificial means under these circumstances, no matter what the opposition may be. The duty of the practitioner is plain—to save the life of the mother, regardless of the embryotic or fœtal life, and to those who oppose it effectually, to them and with them the responsibility must remain."

This is sound doctrine, and is too often overlooked, through timidity.

The Fluids of The Body.

Professor Jäger, of Leipsic, has recently published a work in which he maintains that an increased proportion of water in the tissues and humors of the body is one of the most essential conditions of liability to disease. To guard against disease, therefore, it is necessary to make the body yield as much water as possible through skin and lungs, and to avoid all that favors the accumulation of water. To this end he recommends the wearing of close-fitting woolen clothing throughout the year; all bodily movements which promote perspiration; on outbreak of disease the use of vapor or sweating baths, of drinks that excite perspiration, and of foods that do the same; constant ventilation of sitting and bed rooms, so that the moisture of the air may not become great. Dr. Jäger asserts that the specific gravity of a living body is an accurate criterion for the strength of constitution of a man or a domestic animal—that is to say, for its capability of resistance to causes of disease, such as chills, infection, etc., and its power of work, bodily and mental.

Treatment for Deficient Secretion of Milk.

A correspondent writes to the *British Medical Journal*—

My custom, after a confinement where there is a deficiency of milk, is to allow the patient an egg three times a day, beaten up in equal quantities of new milk and barley water to make a pint, and let her have a pint of lentil soup on going to bed at night, or if this is not to be had, a pint of gruel made very thick, and afterward thinned down with milk. I give imperative instructions for the infant to be suckled at regular hours only, and the breasts to be emptied at each application of the child to them.

This treatment, with twenty drops of dilute phosphoric acid, two grains of quinine, and ten drops of spirits of chloroform in two ounces of water, twice a day, has been very effectual in my hands.

Palmetto Berries and their Uses.

The medical properties of the berries of the saw palmetto are spoken of by Dr. J. B. Read, of Savannah, in the *American Journal of Pharmacy*. He says the berry, in all cases where a highly nutritive agent is needed, seems to apply well and to fulfill the indications. By its peculiar soothing power on the mucous membrane, it induces sleep, relieves the most troublesome coughs, promotes expectoration, improves digestion, and increases fat, flesh and strength. Its sedative and diuretic properties are remarkable. It has been used with benefit in cardiac asthma, phthisis (especially laryngeal phthisis), chronic bronchitis and dilation of the bronchial tubes. Its action in catarrhal affections is rapid and permanent. A cold in the head may be abated by two or three doses. Mixed in boiling water, and used by inhalation, it has been found very beneficial in chronic ozæna.

Cure of the Opium Habit.

Dr. Osgood, of the Missionary Hospital at Foochow, has treated successfully several hundred cases of the opium habit by the following plan: 1. The total and absolute discontinuance of the opium from the beginning of treatment. 2. A trusty attendant to be with the patient day and night for the first three days. 3. Chloral hydrate for the first three nights, if required. 4. Good food, milk, raw eggs, brandy (in some cases), and chicken broth. (The above is taken in small quantities and frequently.) 5. In diarrhœa, give two drachm doses of a mixture of equal parts of tincture of catechu and tincture of ginger.

Correspondence.

Irritable Ulcer of the Rectum Treated and Cured by Forcible Dilatation.

Ed. Med. and Surg. Reporter:—

Several months ago a middle-aged gentleman, of the nervo-sanguine temperament, called upon me for medical treatment for, as he termed it, chronic diarrhœa.

The subject before me, as he then appeared, can best be described to the medical man who has treated "irritable ulcer of the rectum." The patient was very much emaciated in flesh, mind considerably depressed, and a general bad habit of body, presenting much the appearance of cancerous cachexia.

I found, from the history of the case, that he had suffered eight years from this formidable disease, almost constantly (he had been under treatment five years ago, which proved only temporary in his case; the measures used were medicinal, no surgical procedure instituted). I further learned that his evacuations never attained to the round cast of the bowel, but a thin, watery discharge, generally of a clay color; this, with a frequent desire to defecation, was, as he said, almost intolerable; there was no very lancinating pain, but a growing and uneasy sensation always attending this act.

I concluded it was a case of *entero-colitis*, and after preparing the system with a light mercurial purgation, combined with quinia sulphate, I then made a prescription—

℞. Zinci. oxid.,
Sodæ bicarb., āā grs.x
Fiant chart. No. i.

Sig.—One, and repeat three times a day, after meals.

I expected to derive much benefit from this prescription, as I had formerly treated several cases of children with similar affections very satisfactorily. I will here add, notwithstanding the failure to control the flux entirely, it proved a good and useful prescription, and by pushing the remedy, could almost secure consistent evacuations, but owing to a vermicular motion produced thereby, attended with much pain, I was forced, therefore, to discontinue it.

I then concluded to try the sol. ferri pernit., eight-drop doses, three times daily.

This, continued for several weeks, seemed to do good at first, but was slow in action, and I abandoned it. At this time, Drs. F. and H. saw the case with me. After making an exploration of the rectum, the treatment adopted, *systemic*, was—

℞. Hyd. chlor. mit., grs.xxv
Pulv. doveri, grs.xx
Fiant chart. No. x.

Sig.—One, and repeat every two hours.

And now alternating with mineral acids—

℞. Acid. mur. dil.

Sig.—Twelve drops, four times a day.

Locally, the injections with Mattison's syringe consisted of sol. lead and ergot—

℞. Fl. ext. ergot, ʒij
Plumbi acet., grs.xxx
Aquæ font., ℥ij.

Sig.—To be thrown into the rectum thrice daily.

This treatment for a while did apparent good, although I attribute the improvement to the mercury and acids, and not the injections.

Now, it occurred to us that the disease had not been reached, therefore, aided by a stomach pump tube I introduced and passed above the curvature of the descending colon a solution of nitrate of silver, twelve grains to a pint of water. This operation was repeated from time to time with increased strength of the silver, but only with slight mitigation in the symptoms of the case. Lastly and finally, we concluded to try forcible dilatation. The patient was at once chloroformed by my assistants and laid across the bed. I proceeded to operate "by fixing and introducing both thumbs well beyond the external sphincter, back to back, then taking a purchase from the buttocks with the outspread fingers, carried the thumbs forcibly apart until their palmar surfaces were arrested by the ischial tuberosities." After this the treatment consisted mainly of tonics, and the patient began to improve immediately. This operation seemed to have almost a magical effect. Just think for a moment, a patient that has been bedridden for months, prostrated by frequent discharges, almost restored in a few weeks and now is a well, hearty and stout man.

I report this case for two reasons: first, to show that a disease so intractable will yield readily to a practical manipulation; secondly, that one simple in pathology, although of not frequent occurrence, is so liable to be overlooked by the general practitioner. In conclusion, let me recommend to your readers a little work on the diseases of the rectum, by Dr. W. H. Van Buren: it is small, yet replete with good and useful information.

E. W. Rush, M.D.
Paris, Texas.

A Case of Hereditary Malarial Poisoning.

Ed. Med. and Surg. Reporter:—

I was summoned to see Mrs. L. during the fall of 1878. She was suffering from an attack of intermittent fever of tertian type, and had had several paroxysms previous to the one at date of visit. She had another paroxysm the second day after date of first visit, during which she gave birth to a female child, at eight and a half months. The child did not do well, and soon presented unquestionable symptoms of a malarial cachexia, which yielded promptly to a treatment by antiperiodics. The child is at present in good health.

That malarial diseases are constitutional, there is, of course, no doubt; why malarial disease should or could not be hereditary, especially from the mother when suffering from the disease during pregnancy, particularly so near full term of gestation is not clear; that malarial poison is

communicated from father to offspring is less probable. Still, this may be possible; the semen may be contaminated; but, if the mother's system is free from any malarial taint, it is highly improbable that the child would suffer from such disease; on the contrary, however, if the mother's system should not be free from the poison throughout her term of gestation, it is fair to presume that the little flame contracted from the father would feed on the fuel furnished by the mother. It is more than probable, that in the event of the mother's system being free from malaria, though the semen of the father be contaminated, that the pure blood of the mother would so affect or neutralize the poisoned semen during gestation, that no trace of malarial cachexia would be visible in the child at birth.

H. L. Getz, M.D.

Marshalltown, Iowa.

Inverted Toe Nail.

Ed. Med. and Surg. Reporter:—

One of the most troublesome affections with which the practitioner has to deal is inversion of the nail of the great toe. Most surgeons regard all treatment save excision as of no avail, and to this the patient will not usually submit until other means have been ineffectually tried. Thus it becomes a matter of annoyance to attendant and patient alike.

The treatment which I here give in detail is one which, in my hands, has been attended with unvarying success. It is by no means radically new, save in one or two points originally suggested to me by Dr. Chandler, of the northern part of this city.

The first thing to be done is, with a piece of glass, to scrape the top of the nail, along its middle, as thin as can possibly be borne. Then, with a sharp knife, cut from the middle of the free edge a v-shaped piece, carrying the apex of the v back as far as possible. The inverted corner is not to be disturbed, but is to be allowed to grow out squarely. For I have long regarded the cutting away of the corner of the nail as the most frequent exciting cause of the very difficulty in question. I say exciting cause, for I firmly believe, as Prof. Gross intimates, that the main predisposing cause is heredity. I personally know a family in which a mother and three children have been thus afflicted. And in another family, closely related to the former, the mother and two children have been victims to the same annoyance. In these cases the children suffered in this way very early in life, thus lending considerable weight to the influence of heredity.

To return to the line of treatment, however, under the corner of the nail, which was to be allowed to grow out squarely, there must be placed a pledget of lint, of as large size as possible. This piece of lint must be thoroughly saturated with a mixture consisting of three grains of carbolic acid to one ounce of glycerine. Pains must be taken to have the lint wedged as tightly under the nail as possible. The lint must be renewed at least once daily. By these means I have been able to cure every case which has come under my charge. Some of these cases had, for years, I was told, presented an ulcerating surface, covered with unhealthy granulation, and emitting an intensely fetid discharge.

J. W. Hickman, M.D.

1945 *N. 11th St., Phila., May 26, 1879.*

News and Miscellany.

The Plague.

Professor Hirsch has reported to the German Sanitary Office that his investigations on the spot leave no doubt that the epidemic at Wetlyanka was really one of true plague. He also states that besides being the actual focus of the disease, Wetlyanka is the only place where it acquired an epidemic character. Isolated cases in surrounding districts were always traceable to infection from Wetlyanka. An accurate scientific account of the epidemic is impossible, as all the physicians who were on duty during it are dead, without leaving behind them any notes of their observations. It appears, however, that the mortality was about 80 per cent. at Wetlyanka itself, and equal to 100 per cent. in the outlying districts. There is a suspicion that the origin of the disease had some connection with the war in Asia. The English medical men who were sent to Russia to inquire into the recent outbreak of plague have been able to associate its appearance in Europe in so many instances with the passage or cantonment of soldiers brought over from Asia, as to leave but little doubt as to the method by which infection has been spread. A specific form of plague known to foreign physicians has existed from time immemorial among certain tribes of Central Asia, and although not always so fatal in its effects among the natives of the regions where it is endemic, it is most deadly when it attacks immigrants from other countries.

The Cholera.

Cholera has been making fearful havoc among the pilgrims returning from the Hurdwar fair, and is being spread by them through northern India. It is asserted that between 20,000 and 30,000 hillmen from the Himalayan districts near Nynee Tal died on their homeward journey. Several cases, most of them fatal, appeared among the 15th Hussars almost immediately after their arrival at Meerut from Candahar, and it is supposed that the outbreak is due to some men having traveled from Mooltan in railway carriages which had been used by infected pilgrims. The disease has appeared in most cities of the Punjaub, and the fear of the spread of the epidemic to Peshawur has induced the authorities to remove the greater portion of the garrison there.

—Dr. Schliemann and Professor Virchow have been having what school girls call "a perfectly lovely time" together. They have been digging away at Troy, and have come across great masses of charred buildings, and also a splendid treasure of ancient jewelry.

State Medical Society of Pennsylvania.

Dr. Charles S. Turnbull, of Philadelphia, exhibited a case of living Filaria in the eye of a horse, on the afternoon of Wednesday, which was overlooked in our report of the proceedings.

American Neurological Association.

The American Neurological Association will hold its fifth annual meeting in New York city on Wednesday, June 18th, and will continue three days.

Personal.

—A dispatch from Paris announces the death of Dr. Pierre Adolphe Piorry. He was born at Poitiers, December 31, 1794. While pursuing his medical studies he was conscripted, but was relieved from serving in the ranks, and was made a surgeon, and attached to the army in Spain. He returned to Paris on the fall of the first Empire, received his degree in the year 1816, and was attached to the school of Broussairs.

Items.

—A "hygienic institute" on a grand scale was opened in Munich on the 10th of April.

—Ten young ladies graduated May 22d at the Women's Medical College of New York.

—Prof. H. Cohen has proved by a number of experiments that letters, lines and all colors can be recognized at a greater distance by the aid of electric light than by either gaslight or sunlight. Hence this light is most suitable for signals, etc. Yellow is distinguished sixty times better, red six times, green and blue twice as well as in daylight.

OBITUARY NOTICES.

Dr. Francis Fontaine Maury

Died at his late residence in this city, June 4th, of pulmonary disease, in the thirty-ninth year of his age.

The deceased was born in Danville, Ky., August 4th, 1840, and was educated at Centre College, in that city. His first course of lectures was attended at the medical department of the University of Virginia, and afterward he attended a course at the Jefferson Medical College of Philadelphia, where he graduated in 1862. He was considered one of the most skillful surgeons in Philadelphia. Among the remarkable operations performed by him was a successful amputation at the hip-joint; he performed the first operation for gastronomy in this country. He edited the *Photographic Bureau of Medicine and Surgery* for two years, and published a number of reports of medical and surgical cases. He was surgeon to the Jefferson Medical College Hospital, surgeon to the Philadelphia Hospital, and during the war was Surgeon-in-Chief of the United States Army Hospital, at Twenty-fourth and South Streets, in this city. He was a lecturer at the Jefferson College, and was a member of the College of Physicians and Pathological Society of Philadelphia.

QUERIES AND REPLIES.

E. S. of Florida, writes:—Having read Dr. Herrick's two articles on the Treatment of Stricture and Gleet with Galvanism, I would like to enquire of him if he has ever adapted his new method to the treatment of prostatorrhœa or spermatorrhœa, and with what results.

Carduns.—There are two Hay Fever Associations, one the "United States," the other the "Northwestern."

R. W., of Va.—The common name "hives" is applied generally to urticaria; also at times to herpes.

Morus.—The so-called "thériaque," is a composite preparation still officinal in the French Codex. Jeannel, in the last edition of his "*Formulaire International*," classes it among the "vegetable reconstituents," and gives a formula for it containing fifty-seven ingredients, among which are castor, opium, earth and dried vipers.

Senex.—"Kidney-wort" is the vulgar name for *Umbilicus pendulina, sen Cotyledon umbilicus.* It is alleged to be diuretic and tonic, but has no certain value. The secret medicine sold under that name we know nothing about, and presume that like most such it is worthless.

MARRIAGES.

FRISBY—NICHOLS.—On the 27th ult., by the Rev. H. S. Phillips, rector of P. E. Church of the Crucifixion, Dr. S. Clarke Frisby, of Philadelphia, and Miss Mary E. Nichols, of Baltimore, Md. No cards.

HENGST—REED.—On Wednesday, May 14th, at the Second U. P. Church, Allegheny, Pa., by Rev. W. H. McMillen, Dr. D. A. Hengst, of Pittsburg, and Miss Carrie E., daughter of Dr. J. A. Reed, of Dixmont, Pa.

HIXSON—THOMPSON.—In New York, at the Church of the Holy Trinity, by the Rev. Dr. Tyng, Sr., C. C. Hixson, M.D., of Hillsboro, and Miss M. L. Thompson, of Cincinnati.

KRUPP—STAINSBY.—In Philadelphia, on the 15th ult., by Rev. H. S. Hoffman, Franklin Krupp, M.D., and Miss Ada Stainsby.

MATHIAS—CHRISTENSEN.—On Thursday, May 15th, 1879, at Brooklyn, N.Y., by the Rev. S. B. Halliday, at the residence of the bride's parents, Dr. Andrew M. Mathias, of Hilltown, Penn., and Ophelia, eldest daughter of Gen. C. T. Christensen. No cards.

NEELY—THOMPSON.—In Philadelphia, May 8th, by Rev. J. C. Thompson, John M. Neely and Alice A. Thompson, daughter of N. G. Thompson, M.D., all of Brandywine Manor, Pa.

PIERSOL—STEEL.—In Philadelphia, on the 1st ult., at the residence of the bride's parents, by the Rev. E. A. Hoffman, D.D., George A. Piersol, M.D., and Miss Annie W. Steel.

THOMPSON—PEACOCK.—On May 21st, 1879, by Rev. T. B. Neely, Dr. W. M. Thompson and Miss Laura Peacock, both of Philadelphia.

WAMPOLE—SCOTT.—On Wednesday evening, May 21st, 1879, "At their Home," in North Wales, Penna., by the Rev. Francis A. Gilbert, of the M. E. Church, Dr. William H. Wampole and Miss Lydia N. Scott, of Salem, N. J.

WARDLE—WALLINGFORD.—On the 7th ult., at the residence of the bride's parents, by the Rev. Mr. Alderson, Dr. Charles Wardle, of Cincinnati, and Miss Belle Wallingford, of Maysville, Ky.

DEATHS.

MEARS.—In Brooklyn, on May 28th, after a brief illness, Mary L. Mears, wife of Dr. John Mears, and eldest daughter of Horace F. and Ann M. Burroughs, in the 24th year of her age.

SKELTON.—In Philadelphia, on the 20th ult., Charles Skelton, M.D., aged 73 years.

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Communications.

AN ABSTRACT OF A PAPER ON THE EXTERNAL TREATMENT OF SKIN DISEASES.

Read before the Pennsylvania Medical Society,

BY JOHN V. SHOEMAKER, A.M., M.D.,

Of Philadelphia.

After setting forth the object of the external treatment in skin diseases, the speaker added that either a cure or a temporary relief could be accomplished by either hygienic, medicinal or mechanical remedies, or a proper combination of them. The hygienic measures considered were the condition of the air, the necessity of ablution and bathing, the suitable kind of clothing, and the proper exercise and rest. These topics were discussed at some length, and were followed by the means of reaching disease by local medication. Under this class of medicinal agents were included soaps, poultices, lotions, ointments, dusting powders, oils, caustics and the oleates. All these medicinal agents were carefully considered in their turn, and very many points as to their therapeutic application in cutaneous diseases were derived from the observation and experience of the lecturer. The oleates, preparations that were recently introduced into practice, were said to possess in certain diseases many advantages over ointments. In illustration of this it was claimed that oleic acid possessed solvent powers that were more active than most bases of ointments, and consequently, the chemical combination so formed would be more potent when applied to the skin. Further, that the oleates would not decompose like ointments, and would on this account be more effective, and not act as irritants to the skin. That the oleates prepared either as a five or ten per cent. solution are all, with the exception of the oleate of zinc, in the liquid state, and would, therefore, have a greater absorbent power. They would also penetrate deeper and more rapidly into the tissues than ointments. And lastly, as they are of a liquid condition, with one exception, they would be better suited for application over the scalp, the beard, axillary and pubic regions, or any hairy parts of the body, in preference to ointments, which frequently mat together the hairs.

The Doctor, in concluding this valuable and practical subject, adds: "I have frequently had occasion to apply the oleates as external remedies in the treatment of skin affections, with the most happy results. I may first mention that the oleate of atropia (one grain of the atropia to the ounce of oleic acid) exerts a marked influence in arresting the abundant secretion of seborrhœa, and in subduing high inflammatory action in severe cases of erysipelas. Secondly, I have observed that a 40 per cent. solution of the oleate of mercury, with the addition of a small quantity of olive oil, and scented with some essential oil, is an invaluable application for general thinning and loss of hair. When brushed lightly over the scalp in the above condition, it produces both a tonic and alterative effect upon the part. I have also employed as an application, with great success, a two-ounce solution of the oleate of mercury, of 10 per cent. strength, mixed with an equal quantity of olive oil, in psoriasis and pityriasis, after all the scales and redness have disappeared. The use of this preparation in

these affections protects and soothes the hyperæmic skin, and prevents a return of the diseased condition.

Mr. L. Wolf, pharmaceutist and chemist, of Philadelphia, has lately made for me, after many tedious experiments, two additional preparations of the oleates, namely, the oleate of lead and the oleate of bismuth, and I believe I have been the first to use these remedies as topical applications in cutaneous affections. The former of these agents, the oleate of lead, is manufactured by adding liquor potassæ to a diluted preparation of liquor plumbi subacetatis, and the precipitate collected on a filter and dried. The dry oxide of lead should then be dissolved in oleic acid, by means of the water bath. The strength of the solution should be 5 per cent. of lead oxide to the oleic acid, and as free as possible from steric and margaric acids, in order to have it in the liquid form. Should either the per cent. of lead be increased or the solution contaminated by steric or margaric acid, the oleate will be semi-solid, and will not have the same efficient action.

The oleate of lead, if prepared with care, in the manner I have indicated, is an opaque, oily liquid. It is a mild astringent, more readily absorbed than either Goulard's cerate or Hebra's litharge ointment, while it possesses the advantage of neither decomposing nor turning rancid. I have obtained remarkably good results from its use in eczema, in rosacea, after depletion of the parts, in burns and in erythema. It arrests morbid discharges, protects the surface, and by its astringent and sedative action allays irritation.

The oleate of bismuth, an oily, brown liquid, the second one of these new preparations of the oleates, is not so difficult to manufacture as the last named, and I will, therefore omit the manner of making it. It, however, possesses valuable medicinal effect when applied in pustular eruptions, especially in sycosis and hepatic affections. It is also a most useful remedy in soothing and relieving cutaneous irritation when mixed with an equal quantity of olive oil, and applied in acute specific eruptions, especially in scarlet fever.

The paper also included under this head an account of the oleates of iron and antimony, a full description of all the other medicinal substances that were previously enumerated, and finally, a concise and valuable allusion to friction, compression and blood letting, the mechanical remedies for alleviating and curing cutaneous affections.

REPORT OF A FATAL CASE OF OVARIOTOMY.

BY J. J. STEINRIEDE, M.D.,
Of Yazoo City, Miss.

On February 21st, 1879, I was called upon to see a Mrs. R., fifty-one years of age, mother of six children, the last one twenty-five years old. Her last labor was premature and difficult; was, however, delivered, without instruments, of a seven months' child, which lived three months. Her general health has always been good, except for the last four years, when she commenced to be irregular in her menstrual periods, which were profuse and of longer duration, but regular as to their occurrence up to the very date I saw her. She is of a sanguineous nervous temperament, short stature and inclined to be stout; has always been a hard working woman. In April, 1878, she noticed a small "lump" make its appearance in the left lumbar region, which was painful, so much so that she consulted a physician, who pronounced it an affection of the kidneys, and prescribed buchu and various other diuretic medicines. In July, 1878, she noticed two small tumors on each side of her bowels in the iliac region, over the sigmoid flexure, which gradually increased in size, in spite of various remedies used. Seeing that she was not benefited, she dismissed her physician and placed herself under the treatment of a noted midwife up to the time I was called in.

The midwife was present when I saw her, and had diagnosed the case as a tumor in the womb. The midwife told me that she did not know what to do in the case, as she had done all she could, and the tumor still increasing in size, she had sent for me to make an examination of the case. On looking at the patient lying before me in bed, I could not see how the poor woman could increase in size much more. Her extreme anæmia, contracted features and crouched position of the body, were evidently signs of long and hard suffering. Placing her on her back, a position she could not maintain long, I found the abdomen enormously and universally distended, glossy in appearance; no hard tumor, or a circumscribed tumor of any kind or size could be detected; no œdema of the lower extremities, nor had they been œdematous. On percussion I could not detect any fluctuation; there was elicited a dull, heavy, thud-like sound. On a specular examination, per vaginam, I found the os uteri slightly prolapsed, the neck of the womb normal and movable, but somewhat engorged. I was convinced that the uterus was not this time the mischief maker, and that I must look for

other causes. Summing up all my evidences in the premises, I concluded it to be ovarian dropsy, although the origin of the first tumor in the left lumbar region dampened my judgment a little. She was sadly in need of a tonic, so I prescribed quinine with tincture of iron, iodide of potassæ and compound jalap powder, as she was suffering with constipation of the bowels.

On the 10th of March I saw her again, she living five miles in the country, and found her general health improved. The swelling in the right and left iliac region had somewhat diminished, but otherwise the same. Pulse about 96; temperature normal; respiration impaired. Was compelled to take Dover's powder at night, to obtain rest. Heard from her on the 16th; reported better. On the 19th I requested my friend Dr. P. J. McCormick to ride out with me, who kindly consented. The Dr. thought, on examination, that there might be some ascitic fluid in connection with the other trouble, and advised paracentesis abdominis. On the 21st paracentesis was performed, and I was not much surprised that, instead of water, I found a thick, gelatinous substance, of an amber color, slowly escaping through the canula, so that in about 30 minutes I did not obtain more than a quart. This small amount gave her some relief, and she was more than ever desirous to have the matter taken away from her. I reported to Dr. P. J. McCormick my success, and we came to the conclusion that if the tumor was monolocular, with a larger trocar we might possibly be able to evacuate the cyst. So on the 27th, armed with the largest trocar we could obtain, Dr. McCormick performed paracentesis, and this time we did not obtain more than a couple of ounces of the same fluid in about fifteen minutes. It was evident now that we had to deal with a multilocular tumor, and that nothing save an operation would benefit her. After a brief consultation, we concluded to lay the case before her. We told her that there was no possibility of evacuating the contents of the tumor, except by an operation; that in performing the operation she would only have a possible chance of recovery, that she even might die under the operation; remaining in her present condition, however, would be certain death, and that not very distant. If she would avail herself of the possible chance of recovery, we would perform the operation. She very readily consented to have the operation performed, as her sufferings were great, and remarked that if the operation should prove fatal, even during its performance, it would shorten her life but a very few days, and relieve her of a vast amount of suffering.

On the 2d of April Drs. P. J. McCormick, R. Dunn and myself met at the residence of the patient, to perform the operation, rather reluctantly, as the case, on account of her extreme debility, was by no means a promising one. The condition of the patient at this time was, pulse 120, temperature normal, tongue slightly furred, very little nervous excitement. The bowels had been moved and well purged the night before, and the bladder evacuated immediately on our arrival. Abdomen hard and tense, breathing hurried and rather difficult. We administered ether at first, and then chloroform and ether, equal parts. Patient came under the influence of the anæsthetic very rapidly and quietly. Dr. McCormick, as the senior member, at my request, consented to perform the operation. He made an incision from about one inch below the umbilicus, through the linea alba to the symphysis pubis, and dissected very carefully to the peritoneum. On opening the peritoneal coat, the tumor suddenly bursted, as the abdominal walls relaxed and gave way. At least six gallons of a thick gelatinous matter, of a very offensive odor, escaped. We could distinctly see that cyst after cyst emptied itself, by the change and pause in the matter as it escaped. The matter was mostly of an amber color, some dark brown, like mahogany, and some of a whitish color, closely resembling the white of an egg, and equally tenacious. After having evacuated the matter, I then introduced my hand into the abdominal cavity, previously anointed with carbolated oil, to find the pedicle. The left ovisac was easily found; it was attached to the posterior part of the fundus uteri, by a broad continuous band. This almost fan-shaped band coalesced with the posterior wall of the abdomen, involving the spleen and the kidneys, the small intestines having been pushed up. The right ovary was not attached to the uterus, as the left, and was easily distinguished from the surrounding tissue, but on tracing it up we found its attachment coalescing with that of the left ovary, and the whole formed a kind of network, with a firm attachment of the entire space of the posterior part of the abdominal cavity. In this dilemma we came to the conclusion that to undertake its entire detachment would not only be dangerous, but fatal to the patient, as she naturally would lose a good deal of blood, of which she had none to spare. Having still my hand in the abdominal cavity, I broke up all the cysts I could find, and drew the empty cysts as far as possible out of

the abdomen, where we cut them off, so as to destroy continuity. This was done without any loss of blood. We washed the abdominal cavity thoroughly, with carbolic acid water, one to sixty, inserted a drainage tube, and closed the wound by sutures. During the whole operation, which lasted about three-quarters of an hour, our patient did not lose more than two ounces of blood.

I will here remark that we gave the patient, before the operation, six grains of quinine and a teaspoonful of the following recipe :—

R.	Battley's sedative,	℥ ij
	Sodæ bicarb,	℥ j
	Aq. menth. pip. q. s. ad fiat mistura,	℥ iv.

We gave the following instruction to the midwife still in attendance : To keep the temperature of the room at 80° Fahr., to give the patient a teaspoonful of the above sedative mixture every two or three hours, to put bottles of hot water around her and to her feet, if she feel in the least cold and chilly, and to keep her perfectly quiet ; for nourishment, brandy, beef tea, milk and lime water. Patient reacted well from the anæsthesia, and we left her comfortable ; Pulse 104, temperature 97½° ; respiration easy and free ; expresses herself greatly relieved.

April 3d. Countenance cheerful ; pulse 108 ; temperature 102 ; respiration 20 ; slept well all night ; vomited twice since we left ; no pain ; the drainage tube discharging matter, about one quart ; urine normal, which was ordered to be drawn every six hours. I injected through the drainage tube about one quart of carbolic acid water, 1 to 60, at 100° Fahr., and told the midwife to repeat the same in the evening, and to send a messenger in the evening to report the case to me. Owing to the weather, and the surroundings of the premises, the temperature of the room could not be kept up, and at my visits I found the room from 67 to 70° Fahr. Evening report favorable.

April 4th. Pulse 104 ; temperature 100 ; respiration 18 ; slept well, but vomited three or four times ; no pain ; feels cheerful ; drainage tube discharging matter freely ; continued treatment as before, with the exception of brandy, which she thought made her sick. Evening report favorable ; no changes.

April 5th. Pulse 102 : temperature 97½ ; respiration 16 ; did not rest well during the night ; had to use the sedative mixture pretty freely ; still no pain, but a sick feeling in her stomach ; vomited twice ; drainage tube changed from a gum elastic to a silver one ; matter offensive. Dr. P. J. McCormick and myself redressed the wound ; found it united by union of first intention, and looking healthy. Dressed it with carbolated oil and lint, over which a flannel bandage was placed, and at her own request had her turned on her side, which we understood had been done several times previously without our knowledge. Injected carbolic acid water, 1 to 40. Evening report still favorable.

At 11 o'clock, P.M., a messenger came and informed me that Mrs. R. had hiccough, and was sick at her stomach. In questioning him closely, I could not find that any serious changes had taken place, as she had had slight hiccough before. I asked him if they wanted me to come out to see her. He told me no ; the midwife had sent him only to get directions what to do. I told him in writing, so he would not forget it, to give the milk and lime water in equal quantities, ad libitum, a teaspoonful of brandy in two of water, every two hours, without sugar, and to give the sedative mixture every half hour, until sleep was induced. I called at 7 o'clock, A.M., and was astonished to hear that she had died about an hour before my arrival. They informed me that the hiccough ceased shortly after the lime water and milk was given in small quantities and repeated doses, and that she enjoyed a refreshing sleep till about 3 o'clock, A.M., when she suddenly awoke, screaming with pain in the abdomen, and remarked she felt like having an action of her bowels. At the same time she had difficulty in breathing. She lay in a kind of drowsy state until she died, and was, when called upon, perfectly rational to the last moment. An hour after death her body was covered with dark blotches.

Remarks.—Was the immediate cause of death septicæmia ? or was it from collapse from carbolic acid poisoning ? The abdomen after death was not in a tympanitic condition, nor were there any signs of inflammation whatever. It would have been very desirable if I could have got a post-mortem examination, which I urged. I am satisfied, however, if we had attempted to remove the entire adhesions of the tumor, our patient would have died on the operating table.

Dr. Winkler, of Dresden, reports a similar case, where the patient died on the fourth day after the operation, from septicæmia.

Prof. Schrœder, of Berlin, reports, out of a series of fifty cases of ovariotomy, seven deaths, and all seven were difficult and complicated cases. He remarks as to septicæmia, "That it appears impossible, even with the strictest antiseptic precaution, to be absolutely certain of excluding septic germs from the abdominal

cavity. He also thinks that while a few such germs might be nearly innocuous to a healthy organism, they acquire greater virulence in a depressed and diseased subject, with numerous wounds to afford them a congenial proliferating surface."

Could the carbolic acid water used to clean the abdominal cavity and to act as a disinfectant, have injured the case before us by means of absorption? She never complained of its use, and there was no signs of poisoning by the acid; nor can I believe that the amount of carbolic acid used could have caused that effect, as most of the carbolic acid water returned with the discharge. Dr. Peaslee and Dr. Kœberlé used disinfectants in the same manner for weeks, with very happy results, and speak very highly of this treatment as a preventive of septicæmia, and seem to think it to be a most important adjuvant in such cases.

Was it nervous prostration? I cannot help but think that in an operation of such magnitude and peculiar nature the shock imparted to the nervous system will attack, even in a latent manner, the nerve centres, thereby lessen vitality, and directly or indirectly cause a collapse of the whole organism, with death as its result.

CHLORAL LOCALLY IN DIPHTHERIA.

BY H. L. HORTON, M.D.,
Of New York City.

Some time ago I noticed in a journal, I think the REPORTER, a short abstract from some foreign periodical, stating the beneficial results obtained from the topical application to the throat of a rather strong solution of chloral hydrate, in cases of diphtheria. I cannot remember any more about it other than that it had been used, and successfully. I was pleased to learn that it had been adopted by somebody besides myself, although in that case it was used locally and uncombined with anything except water, while with me it was used combined with another remedy, perhaps as useful, or even more so, than itself, and, moreover, prescribed internally. The satisfaction I experienced in reading the article is the cause of my communicating to you the result of my experience, which, though too limited to base any positive conclusions upon, is yet sufficient, I think, to warrant a further trial of the combination. I would, therefore, request such of your readers as have more extended opportunities than myself, such as those who are practicing in institutions, or those who are unfortunate enough to be battling with the disease in its epidemic form, to give the following combination, or, if they think best, the chloral alone, a thorough trial, and report their success or failure, as it may be, in the columns of the REPORTER.

Just six months ago I used for the first time, in a case of scarlet fever in a child, three years old, the following combination, the disease being ushered in by convulsions:—

℞.	Sodii. bromidi.,	gr. xl
	Chloral hydratis,	gr. xx
	Ess. gaultheriæ,	℥ ij
	Syrupi tolu.,	℥ ijss M.

SIG.—Give the bowl of a teaspoon half full each half hour.

The medicine to be given day and night, neither mixed with nor followed up by anything whatever. The food, which consisted of milk, was always given before and in no case after the medicine. These directions were strictly followed. The dose being small in bulk and comparatively palatable, was often given when the child was not fully conscious that it was being administered. After the first forty-eight or seventy hours of the disease were passed, the intervals between the doses were gradually lengthened, in order that the patient might have longer periods of repose. My object in repeating the dose at such short intervals, making, as it were, one continuous dose, was mainly that the remedy might be continuously, or as nearly so as possible, in contact with the whole of the diseased surface, as well as the greater portion of that which was liable to become the seat of diphtheritic deposit. Such a procedure not only insured a continuous local action of the medicine, if it had any, but at the same time it was equally well calculated to keep up a gentle and even constitutional effect, which effect I consider it important to secure in most diseases, and especially in scarlet fever, where there is usually so much nervous irritation, which has as damaging a result upon the system as friction has upon a delicate piece of mechanism when it is lubricated only at long intervals. We thus derive not only all this benefit, but much more than could possibly be gained by making the application with a brush, as we thus save the strength of the patient, which would otherwise unavoidably be expended by resistance to our operations on his part, inasmuch as the applications, to be of any material service, would require to be repeated more or less frequently. We must further remember that however skillfully those applications may be made, it is next to impossible, in many cases, to avoid wounding or irritating such part of the membrane as is

not the seat of diphtheritic deposit, thus creating a most fertile soil wherein the poison may find a fresh footing. Again, when we leave directions for an unskilled person to make such applications every hour or two, imagination can only conceive how bunglingly it would be performed, and the amount of damage which would be caused, to say nothing of the worse than useless suffering which would be inflicted. In speaking thus strongly against topical applications in diphtheria, I may say that it is due to no recent conclusion of mine, as I have looked upon them with the same disfavor for years. The only exception I would make to my statement would be washing out the nares by injections of some mild disinfectant when the disease invades the schneiderian mucous membrane, to prevent absorption of septic. material by the lymphatics with which that membrane is so freely supplied, and thus to avert or prevent death by septicæmia. I would also except the case where the amount of diphtheritic deposit in the throat is so great as to immediately endanger the life of the patient, or where the patient is of sufficient age and fortitude to remain perfectly still during the application; a case of the latter class is, however, quite exceptional. But I find I am going far from my subject.

I should have said that the patient, the treatment of whose case I have briefly narrated, contracted the disease from an elder sister, who died of scarlet fever, accompanied by diphtheria in a severe form, which was treated in the usual way, with iron, quinine, alcohol, etc.; consequently, I had, not unreasonably, gloomy forebodings, not only as to the future of this case, but also as to the fate of a brother about one year younger, who, in fact, was afterward attacked with the disease, although not in as severe a form. Both patients recovered, having been treated exclusively with the chloral and bromide. Since that time I have treated, in the same manner, a number of cases, the dose always being proportioned to the age of the patient, both where the disease was immediately preceded or accompanied by scarlet fever, and where it was uncomplicated by any other disease. Two of such cases were adults, one near and the other at the middle period of life. One of these was the most severe case of diphtheria that I have had to treat since I have used the chloral combination. The case was far advanced when I first saw it, but it soon either ceased of its own accord, or was arrested by the treatment, inasmuch as convalescence soon commenced. In no one of my cases of scarlet fever in which I commenced this treatment at once do I remember to have seen even a slight diphtheritic deposit, although some of them were quite severe cases. In two patients, one aged 13, the other 19 years, the temperature reached 106½° Fahr.; yet in neither of these cases was any other treatment employed than the one above mentioned, except sponging with cool or cold water, continued long enough to reduce the temperature to and keep it at 102°, or near that, and occasionally oiling the surface, to allay the pruritus. In these cases the pharyngeal mucous membrane assumed a deep livid red color, but in neither case was there observed the least appearance of a diphtheritic deposit. One of my other cases, if my diagnosis was correct, was laryngeal diphtheria. An elder sister also had diphtheria, which, however, assumed a mild form; whether the latter fact was due to the treatment, or other causes, I know not. In the case of this little boy, on the second day after the appearance of the deposit on the tonsils a hoarseness manifested itself, which slowly increased, until there was complete aphonia; the respiratory movements at the same time were moderately impeded. In this case also no other treatment than the chloral and bromide was resorted to, except that the atmosphere of the room was moderately impregnated with the vapor of water and carbolic acid. There was no alcohol or beef tea given. The patient recovered. I believe that I have employed all the various kinds of treatment for diphtheria recommended by the standard authors, and some which are recommended by writers who cannot be classed as such; yet I must confess that I have met with greater success with the chloral and bromide than with any other remedy, or combination of remedies, that I have ever employed, as thus far all my patients have recovered, and all without that much dreaded sequel, albuminuria. I have stated that I have not had to treat a severe case of diphtheria accompanying or following scarlet fever. This may have been due to other causes than the treatment. All I can say is, that I saw all my cases, with but one exception, at a very early stage of the disease, and that they were all, without exception, under excellent hygienic conditions; also, that the pharyngeal mucous membranes were kept almost continuously bathed with the medicine. You might ask me for my theory as to the action of the remedy. I answer that I do not think it advisable to speculate as to how we shall pass a ford any great length of time before we reach it. If we do we may find when we have reached it that we have wasted our time, and that the stream is not of such size as to be worth

the consideration bestowed on it. In conclusion, I will say it is not theory that we want, in therapeutics especially, but solid facts, upon which we may base our theories. As man is the only animal that asks the question why, we can, and probably shall continue, to theorize, each for himself, and, undoubtedly, when any one has constructed a theory of his own he is much better pleased with it than with one which has been furnished him by another. But whether a theory be our own or propounded by others, let it, particularly in this department, be founded upon unquestioned and unquestionable facts. I desire, therefore, to be understood as stating herein only my personal experience, and not as claiming that my treatment will prove a specific for that dreaded disease. If, upon thorough trial, my experience should be found to differ widely from that of others, I, of course, shall have to attribute my success to causes other than the remedies used by me, but, as I regard the matter at present, I must consider it as directly the result of such treatment.

Medical Societies.

ARKANSAS STATE MEDICAL SOCIETY.

The Society met at Little Rock, May 22d. Dr. A. A. Horner, President, in the chair. An address of welcome was read by Dr. Geo. C. Hartt.

The annual address was then delivered by A. A. Horner, M. D., President of Helena, and President of the Phillips County Medical Society, from which we make the following extract:—

This Society, organized by the medical men of the State who were unwilling to longer remain entirely behind those of the other States of this great nation, has worked along to this its fourth annual meeting, endeavoring, unaided, to not only place the profession on an equal footing with those of its sister States, but to advance science, and thereby elevate all departments of the State government, as well as to relieve and mitigate the disease and suffering of the entire population of the same. The first has been partially accomplished by getting all those members of the profession who have connected themselves with the organization, and they, I believe, constitute the majority of the best educated men of the profession in the State, and by their united and vigorous efforts to have the Society reorganized by the American Medical Association, the most intelligent and respectable medical organization in the nation, and probably equal to that of the most enlightened countries of the earth. By such action on the part of that Society, we have all the avenues of assistance open to us under their laws, as well as their active support, also placing us on an equal footing with the societies of all the other States of this great Union. Thus far, you see, we have progressed. Now it is left to us, as members of this Society, individually and collectively, to make this Society the equal if not the superior of any of our sister societies. In the other States it has been thus far found indispensable to have the assistance of the strong arm of the law, consequently the legislatures of the various States who have regarded the lives of their citizens of any value to the State, have enacted various laws for the protection of their health, and fostering the advancement of medical science. In this they have acted wisely, not only as humanitarians, but in furthering every interest of the people of their respective States, for it is a fact that all can easily verify by taking the trouble to make the necessary investigation, that all nations, both ancient and modern, have flourished just in proportion as they have made provision for the health of their people, and this enlightened age nor this great country is no exception to this historical rule, for the statute books of all of our most prosperous States show that legal provision has been made for the care of the health of their citizens, and the amelioration of the condition of their afflicted. Thus far our law makers have only referred the bills which have been introduced into the Legislature to committees, for their action, and there they remained, notwithstanding a Committee of the American Medical Association has for the past three years urged upon the Governor of the State the great necessity for the establishment of a Board of Health; and to the credit of our last and present Governors, they both have called the attention of the Legislature, in their messages to that body, to the great necessity for such an institution, to say nothing of what has been done by this Society. The majority of our law makers have always been averse to the passage of any laws advocated by the profession, terming it class legislation.

As medical men, we desire no special legislation, being amply able to protect ourselves. What we desire is to protect the people from the quack and charlatan, who, driven by the more intelligent legislation of our more prosperous sister States, find a location here, and with their fine speeches, songs and banjos, are engaged in vending their nostrums to the less intelligent of our citizens, and annually carry enough money out of the State to defray the expenses of a most efficient Board of Health for half a dozen years.

The Secretary, Dr. R. G. Jennings, then read the names of members and applicants, and submitted his annual report. The following resolutions were reported by a committee and carried:—

Resolved, That we do not regard the delegates from the Arkansas State Medical Association as entitled to registration, as they do not represent the Society recognized by this body, but we do this without prejudice to the professional standing and character of the individual delegates.

Resolved, That no man can become or remain a permanent member of the American Medical Association unless he belongs to a local or State Society, recognized by the American Medical Association.

Also, it is the opinion of the Judicial Council that the American Medical Association can re-

cognize the jurisdiction of only one State Medical Society in any State.

Dr. Linthicum, of the Committee on State Board of Health, submitted the following report:—

Mr. President and Gentlemen:—Your committee, appointed at our last meeting, upon "State Board of Health" or medical legislation, beg leave to report that they attempted a discharge of the duties assigned them. Three bills, one for the creation of a "State Board of Health," one to regulate the practice of "medicine and surgery," and one to establish a "State Board of Pharmacy" for the State of Arkansas, were drawn and presented to our last General Assembly, and very many letters were written to various members of said Assembly, bringing to bear every influence in the power of said committee to secure their passage. The two first reached a hearing before the house, and were referred to the committee on emigration, where they were allowed to slumber, and finally die, without being reported upon. The bill to establish a State Board of Pharmacy never obtained a hearing. The Lunatic Asylum bill passed both houses, but in such an unsatisfactory and crippled shape that executive disapproval became a necessity in order to protect the financial interests of the State, as well as the interests of her feeble-minded citizens.

The last sentence was subsequently withdrawn by the committee, and the remainder of the Report was accepted.

The Judicial Council, to whom was referred the question, can a local society as a body offer charitable services to a corporation, reported that free clinics by medical bodies or colleges are not in conflict with the code, though they are liable to abuse, and should be conducted with much care and discrimination. A medical society being in fact a college of medical men, may, within the code, exercise this office. The intent and meaning of paragraph three, article one, Code of Ethics, reprobating publicly offering advice and medicine to the poor, gratis, etc., refers to the conduct of individual members of the profession, and not to colleges or corporate medical bodies. But we do not think this eleemosynary tender of services should be made to a corporation, unless said corporation requests the favor, or is well known to be unable to employ and remunerate a physician.

Corporations maintaining a charity hospital do not fall within the purview of this opinion. Such corporations must employ a hospital physician.

Various papers were then read, among which Dr. Hawkins reported from Dr. Breedlove a case of sickness—fourteen persons—from eating boiled custard, producing acute dyspepsia or cholera morbus. The article strongly opposed the using of vanilla as a flavoring extract, which contained an oil which, when old, became very rancid.

Dr. Christian reported a similar case from eating ice cream flavored with vanilla.

After some further papers, the Nominating Committee submitted the following report of officers, all of whom were elected:—

President, E. T. Dale, of Texarkana.

First Vice President, W. M. Lawrence, of Batesville.

Second Vice President, J. B. Cummings, of Forest City.

Third Vice President, Albert Dunlap, of Fort Smith.

Fourth Vice President, J. T. Hamilton, of Pine Bluff.

Secretary, R. G. Jennings, of Little Rock.

Assistant Secretary, L. P. Gibson, of Little Rock.

Treasurer, A. L. Breysacher, of Little Rock.

Librarian, J. H. Lenow, of Little Rock.

It was also decided that the next annual session of the Society be convened at Little Rock, on the first Wednesday in May, 1880, at 11 o'clock A.M.

Editorial Department.

Periscope.

Cold Douche Treatment of Traumatic Meningitis.

At a recent meeting of the Clinical Society of London, Mr. Keetley related the particulars of a case of severe traumatic meningitis treated in the stage of coma by the cold douche for two hours and a half. The patient, a groom, aged thirty, was thrown from his horse into a ditch, alighting on his head. There had been a short period of insensibility, but on admission into the hospital he was conscious and irritable. The accident had happened at five o'clock in the afternoon, and at six the next day, having passed a quiet night, he was seized with a convulsive attack, confined to the left side. During the day he had several similar seizures, in which his eyes were strongly turned to the left; in the intervals he vomited occasionally. On the third day he remained in much the same condition; but on the fourth the right side was affected; and after the attack this side was found to be paralyzed. Toward evening he improved considerably; and on the following day it was noted that his face was heavy, his pupils contracted, and he resembled a patient suffering from opium poisoning; the temperature was 100°. On the sixth day the coma was increased; temperature 100°, pulse 120. The cold douche was applied to the head for two hours and a half. The temperature was 99°, pulse 70; his face rather blue. He could answer questions, but had a fatuous expression, and his answers were often childish. After this time he steadily improved, and ultimately recovered. A fracture of the posterior fossa was diagnosed, extending to the base of the skull, the severity of the injury and the severity of the meningitis appearing to point to such a condition. The epileptic seiz-

ures at first appeared to point to an injury of the dura mater over the seat of violence; and the later attacks on the opposite side to an extension of the inflammation to the meninges of the other hemisphere. There was no difficulty in regulating the time during which the application of the douche was beneficial. The blueness of the lips was only noticed after more than two hours of this course of treatment. It should be added that he had previously been treated by an ice bag to the head and the administration of aperients.

Pilocarpin in Syphilis.

The following two cases are reported in the *Medical Times and Gazette*, by Dr. C. B. Lockwood:—

John S., aged eighteen, a fisherman, had been treated as an out-patient at the Lock Hospital since October, 1878. Owing to exposure his syphilis was aggravated; and when admitted in November, 1878, his body, head and limbs were covered with small, dry, rupial crusts, which, coming off, left here and there deep reddish-brown discolorations. He had mucous patches on soft palate and tonsils; his gums were vascular and retracted. He had double iritis. For fifteen days (January 2d to 17th) he was treated with bichloride of mercury and iodide of potassium, without improvement. Calomel vapor baths were next tried for thirteen days (January 17th to 30th). As no improvement was seen, the calomel was reduced from fifteen grains to five grains, and one-sixth of a grain of nitrate of pilocarpin was given hypodermically every other day before the bath. Before this the baths had caused no sweating. Sweating was now so profuse that it ran off the patient on to the floor, continuing from 7 P. M. until 4 A. M., wetting his bedclothes through and through. He at once began to improve, and on March 7th, after about thirty-three days' treatment (fifteen baths), all the crusts had fallen off, the stains were fading, his throat was well, and the eyes were but slightly pink. He desired his discharge, and reports himself at the out-patient room, where he is being treated with half a grain of hyd. iodid. every night. The stains are slowly fading.

In the foregoing case much mercury had been used. J. S., aged twenty-seven, has had, as far as I know, no mercury. He presented himself in the following condition:—Body, limbs and face covered with a bad tubercular psoriasis; slight ulceration of both tonsils; remains of hard sore. February 17th: One-sixth of a grain of nitrate of pilocarpin given hypodermically. Profuse sweating began in six minutes, and lasted three hours and a half. Pilocarpin was repeated from February 18th to 20th, then every other day until March 6th, when the sore was well, and only fading stains remained where the rash had been, but his throat was not quite well. He considered himself nearly well, and in spite of remonstrance desired his discharge. He has not again presented himself, as promised.

These cases are both incomplete, but the result has been so encouraging that I publish them, in the hope that others may prosecute inquiries in the same direction. I have no doubt that in jaborandi we have a means by which certain cases of syphilis can be helped toward recovery.

New Experiments in Anæsthetics.

The Paris correspondent of the *Lancet* writes—An experiment of considerable practical interest was performed a few days ago by MM. Labbé, Bert, Preterre, Lafont, and Regnaud, for the purpose of testing the practical applications of Professor Bert's researches on the anæsthetic properties of mixed nitrous oxide and oxygen *under tension*. You are doubtless aware of the character of M. Bert's researches, which were communicated to the Academy of Sciences in one of its recent sittings. But the experiment to which I allude was a practical one, applied to a human being. A chamber with compressed air having been prepared, the experimenters entered it with a young woman of twenty, who was to be operated upon for that most painful operation, ingrowing nail. As soon as the barometer marked an increase of pressure equal to 0.17 centimetres, M. Preterre, the well-known dentist, applied the apparatus which he is in the habit of using. There was a sudden cessation of breathing, which lasted about fifteen seconds. Then a long inspiration followed, and after ten seconds there was complete insensibility. Dr. Labbé now proceeded quietly and leisurely with the operation, followed by the dressing. All this took about eight minutes, during which time the patient slept quietly, with a regular pulse, and a clear, rosy complexion. On waking up she immediately felt the pain, and had a sort of short, hysterical fit, with crying. But she declared when it ended that she felt quite well and very hungry, as she had not had anything yet to eat. The assistants were struck with the way in which she recovered her normal condition, as she was able to walk immediately, and to resume her habits. The value of this anæsthetic mixture of about eighty-five parts of nitrous oxide and fifteen of oxygen, administered *under tension*, and discovered by Prof. Bert, therefore promises to be very useful and practical. With this mixture, employed in compressed air, the patient does not get blue in the face, and the natural complexion, pulse, and breathing seem to be preserved. Moreover, it is not preceded by the period of agitation which often proves so tedious and troublesome, and is not followed by the stage of reaction which often upsets a patient for several consecutive hours.

An Undescribed Form of Respiratory Disease.

In a paper read before the Detroit Medical and Library Association, Dr. Carstens, of Detroit, says—

A new disease has swept over our city, which came, none know where from. I call it a new disease, as I cannot find any description of such an epidemic in any of the text books, nor has any physician been able to tell me the name. It is certainly not the "influenza" or epizootic which spread over the land a few years ago, attacking man and beast; the symptoms are different. The patient will generally first complain of a sore

throat; by inspection we will find an erythematous blush on the pharynx and soft palate, extending down the larynx to the bronchial tubes. This redness often commences on one side and extends to the whole mucous lining of the throat. No difficulty in swallowing is experienced, only a slight pain, with tickling and constant desire to cough. The lymphatics of the neck are enlarged, but the patient calls especial attention to a stiffness in the trapezius and muscles of the back of the neck. Accompanying this are neuralgic pains around the shoulder, and running down the arm, generally only on one (the left) side, sudden, sharp, colic-like pains in the bowels, of short duration, but frequently recurring; the bowels sometimes loose, most frequently constipated; anorexia and nausea; fleeting pains in the joints, slight bronchitis, probably caused by the extension of the throat trouble; headache slight, general malaise, in fact, the patient complains of great prostration. To these symptoms are added a fever of malarial character, generally worse at night. This almost always subsides in two days, even without treatment; temperature rising in my cases not over 101 degrees.

Some of the above symptoms are absent in some cases, but the constant distressing cough and throat trouble, never. Many cases got well without treatment, or by the use of household remedies, but some would linger along, and only improved, even after other medication had been tried, after the use of a good dose of quinine, say twenty-five grains, in the course of a day. Cases under my own treatment I would generally give quinine first, and then a cough mixture, with five grains each of chloride of ammonium and iodide of potassium. With this treatment the symptoms subsided in a few days.

The Treatment of Mydriasis.

The eminent oculist, M. De Wecker, remarks on this subject, in the *Gazette des Hôpitaux*—

The treatment of mydriasis must evidently vary according to whether it is paralytic or spasmodic. All mydriases of paralytic origin are generally accompanied by a paralytic lesion of the ciliary muscle, while spasmodic mydriases ordinarily leave the muscle of accommodation intact. It will, therefore, most frequently suffice to investigate the *power of accommodation* in order to determine whether the probable cause of the mydriasis, be paralytic or spasmodic. If a patient, the subject of mydriasis, presents no disturbance of accommodation, we may declare that the cause of the mydriasis is spinal; while, if the integrity of this be not preserved, the cause is cerebral. In this latter case the disturbances of accommodation are easily recognized. Thus, the subject of hypermetropia, not being able to accommodate the eye regularly, is unable to see distinctly, whether near, or at a distance; in emmetropia there is no longer clear perception of near objects; and in myopia the faculty of reading is reduced to the vicinity of the *punctum remotum*. One or other of these conditions, according to the case, will then indicate a cerebral lesion as the cause of the mydriasis. Of course, all the subjects of mydriasis, whether paralytic or spasmodic, complain of the dazzling produced by light, dependent solely on the dilatation of the pupil; but this occurrence will not be confounded with disturbance in accommodation, properly so called. Mydriasis of *spinal* origin is a symptom of great value in prognosis, and often so in the diagnosis of these affections. Thus, it is an anticipatory symptom of locomotor ataxy; and in general paralysis it is also of great value. Still, it must not be forgotten that in these affections it is only transitory. We should abandon the modes of treatment formerly employed, the sole admissible indication seeming to be the dropping into the eye a solution of eserine or pilocarpin made into a collyrium with five centigrammes of distilled water. After using the collyrium we must observe how long the effect continues, as it is by the duration of its action in inducing contraction of the pupil that we should be guided—the interval of each instillation being rendered more and more long according to this duration. If, however, no change is observed, it is useless to tease the patient with an application which is scarcely palliative. Advantage may be derived also from the continuous electric current.

Administration of the Sulphides.

Dr. G. V. Poore writes, in the *Lancet*—

Any one who has employed the sulphides in the treatment of disease must have been alternately pleased and disappointed; for, although the effect produced is often exactly that which Dr. Ringer describes in his "Handbook of Therapeutics," equally often, if not more often, the result appears to be absolutely negative. One reason for this is undoubtedly to be found in a faulty selection of cases; and it may reasonably be hoped that an increasing knowledge may cause a diminution in the number of patients who, having been treated with sulphides, have failed to derive the expected benefit. Another reason is also to be found in the great instability of the sulphides themselves, which immediately oxidize on exposure to air; and it may safely be said that a very large proportion of the patients for whom the sulphides are prescribed get scarcely a single dose of the medicine which it is desired to give them, but receive in lieu of it a quantity of harmless or inactive sulphate.

When prescribing sulphides, it has been my invariable custom to advise the patient to get very small quantities made up at a time, and to warn him that unless the medicine has the familiar odor of rotten eggs it can do him no good. Better than giving a solution of the sulphides, is to allow the patient to have a small and well-stoppered bottle, filled with potassium or calcium sulphide, whence he may take his dose, roughly estimated on the point of a penknife, as required. Good service has undoubtedly been done by the introduction of the sulphides in perles, and I have reason to believe that the sulphide remains unoxidized in the perles for indefinite periods. I have lately, however, seen a sample of so-called "perles of sulphide calcium," which, on examination were found to contain no sulphide at all. The best way of all, no doubt, to prescribe sulphides, is to send the patient, if possible, to a so-

called sulphur spring, where he may drink the water impregnated with hydrogen sulphide, and holding other sulphides in solution before oxidation has had time to occur. Then one may be sure that the medicine prescribed is actually being taken.

On Cysts of the Mouth.

Mr. Francis Fox read a paper before the British Association of Dental Surgeons, on "Cysts of the Mouth." After alluding to the oral mucous membrane being not infrequently the seat of cystic disease, owing to the numerous small glands and follicles in this situation, and that the mere occlusion of the duct of one of these may give rise to the formation of a more or less extensive tumor, Mr. Fox observed that these cysts may be congenital, or may rise subsequent to birth, in consequence of some morbid action set up in the mucous membrane. The term "ranula" has been, and still is, applied to all cystic formations in the sublingual region, and he could not suggest a more appropriate appellation, provided we do not associate the name with any special pathological change, but regard it as simply descriptive of the impression which such tumors make upon the observer. Ranula, then, may depend upon (*a*) obstruction of the outflow from the minute follicles or conglobate glands; (*b*) it may be connected with the Whartonian, or one of the larger ducts, or (*c*) it may be in no way connected with the mucous structure itself; (*d*) it may depend upon inflammation of the bursa, which is placed between the genio-hyoglossi muscles. Similar cysts to these ranulæ occur in the mucous membrane of the lips and cheeks, and are often met with on mucous surfaces in other regions of the body. Their treatment is simple. If due to local inflammation, a small puncture will quickly effect a cure; or, if the orifice of the duct can be discovered, a small probe may be inserted; or if arising from a salivary calculus, an incision into the duct will permit the easy removal of the concretion. If the enlargement be excessive, a seton of a few threads of silk may be passed through the tumor, so that the contents will gradually escape, and inflammation be set up. This may give rise to an excessive amount of inflammation, and occasion much secondary mischief, and a better course of procedure might consequently be to puncture the tumor, and then apply caustic to its internal surface. It may be necessary to remove a portion of the cyst wall, in which case the more vascular portion of the tumor should be avoided. Ranula connected with the duct of the submaxillary gland is dependent upon dilatation of its coats, in consequence of obstruction at its orifice or in some part of its canal. Calcareous deposit is the commonest cause of obstruction, and these salivary calculi attain often a very great size, and are amenable to the same treatment already mentioned. There is still some difference of opinion with regard to the exact pathology of these sublingual cysts. Some maintain that they are invariably connected with the large salivary glands; others, that they occur quite independently of these ducts, and are, or nearly resemble, "mucous cysts." The fluid which they contain does not resemble saliva in its chemical composition, and there is an entire absence of the sulpho-cyanide of potash, which is so constantly found in true salivary secretion. Ranula situate in the submucous tissue is generally larger, and closely resembles sebaceous tumors, and contains a thick, putty-like substance, composed of epithelial scales, cholesterine, and oil globules. It is of rare occurrence, and the cyst walls are usually very thin and more or less adherent to the neighboring tissues. The removal of the entire sac and contents is the most satisfactory treatment where practicable. Ranula arising from an inflamed bursa should be treated on the principle of destroying the secreting surface, and thus curing the disease. Sanguineous or venous cysts are of rare occurrence in the mouth; when, however, they do occur, they are usually seen on the lips near to their free border. Sir James Paget regards them as "dilated portions of the blood vessels, shut off, as it were, from the main stream. They are usually congenital, and, as a rule, do not increase in size. When small and superficial they may be dissected out, but when deep-seated a ligature or seton will often effect a cure. Cysts known as dentigerous cysts are usually confined to the alveolar portions of the maxillæ, and do not come within the scope of the present paper. Cysts formed in the tongue itself, and consisting of dilated mucous follicles, are difficult to diagnose, and may readily be mistaken for malignant disease. A puncture with a grooved needle will generally solve any doubt as to their nature. Their treatment consists in opening the sac and irritating the lining membrane by means of a probe or otherwise.

Impacted Urethral Calculus.

At a late meeting of the Medical Society of London, Mr. Teevan read a paper on the Diagnosis and Treatment of Impacted Urethral Calculus. The stone might come from the kidney, bladder, prostate, or be formed in the urethra, in which latter case it was usually phosphatic and elongated. Oxalate-of-lime calculus was more likely to become impacted than a lithic-acid or phosphatic one, as it was often irregular in shape, rough and spiculated. The stone, when it caused retention, might be mistaken for an enlarged third lobe of the prostate, or a rough, gristly stricture. A calculus could not always be felt through the urethral wall, when situated in the deeper portion of the canal. Its presence was usually announced by a sudden interference with the act of micturition; sometimes, but not always, attended with great pain. A pathognomonic sign was, he believed, the forcible expulsion of the urine in several streams instead of one. If a stone were left *in situ* it usually gave rise to retention, ulceration, or extravasation. When a calculus was impacted in the fixed portion of the urethra, the best way was to try to push it back into the bladder by means of a wax bougie, the end of which had been slightly warmed. Once in the bladder, it could be easily and quickly crushed. If in the penile urethra, an attempt might be made to extract it, and if it could not be moved either forward or backward, it must be

cut out. All incisions into the penile urethra should be valvular, otherwise a fistula might remain. After perineal incision, the patient should begin to withdraw all his urine by catheter on the fourth day, to hasten the closure of the wound; but it was useless and injurious to tie a catheter in the bladder. In boys incision would be more frequently required than in adults, and should always be had recourse to if the stone was in the membranous urethra.

Ovarian Pain in Pregnant Women.

Dr. Budin, Chef de Clinique d'Accouchements, calls attention (*Progrès Médical*, No. 9) to a vivid pain which is sometimes produced during the latter months of pregnancy, and during labor, by a very moderate amount of pressure made on the abdomen by the ends of the index and medius fingers. The pain is sometimes so sharp that it causes exclamations or tears to start in the eye. It never occurs spontaneously, and its production is confined to the vicinity of a line drawn from the umbilicus to the anterior superior spine of the ilium, sometimes a little above, and sometimes below this line, and at a distance varying from ten to fifteen centimeters from the umbilicus. At the seat of this pain so excited may be felt a movable body resembling the ovary in shape and size. Its presence is most frequently felt on the left side, the existence of a resisting surface —usually the back of the fœtus—being necessary in order for the body to be felt and the pain to be excited. Sometimes this can only be done during the contraction of the uterus. Dr. Budin thinks it possible that this "ovarian pain" has been confounded with certain neuralgias which several authors have termed rheumatism of the uterus, and with the pain sometimes caused by the pressure of the head on the uterine wall. It is sometimes very easy to distinguish also the round ligament, but pressure on this causes no pain. None of the women upon whom this tenderness has been produced were hysterical.

Singular Wounds of the Heart.

Dr. Boileau narrates this case to the London Pathological Society. A private soldier, when "skylarking" with his companions, received a wound in the chest from the blade of a knife, which flew out of the handle as the instrument was being brandished by another soldier. After the reception of the wound, the man went up fifteen steps, and then ran a distance of two hundred yards in the direction of the hospital, when he fell speechless, and expired in five minutes. There was no external hemorrhage, but the pericardium was found full of clotted blood. A punctured wound entered the right ventricle close to the septum, went through the septum, and passed out through the left ventricle near the apex. The cavities of the heart were empty. The interest of the case was in the length of time the man lived and in the movements he was able to accomplish after the reception of so serious an injury.

Sir Joseph Fayrer said there was in the Pathological Museum at Calcutta the heart of a soldier who had been shot at the storming of Rangoon, in 1852. The wound was in the left shoulder, and the lung was supposed to be injured. Sir Joseph saw the case at the time. After remaining in the hospital for a fortnight, the patient recovered so much as to be able to go to a convalescent home, after six weeks' residence at which he died suddenly. At the necropsy the bullet was found in the left ventricle, but how it got there was a mystery. There was no appearance of injury to the cardiac walls, and the conjecture was that the bullet must have dropped into the cavity through one of the vessels.

On Railroad Injuries.

Dr. J. Rigler, a recent German writer on this subject, sums up, as the quintessence of his researches, as follows:—

1. Localized anatomical lesions of the spinal cord may occur as the direct result of railway accident, even without any visible (external) evidence; or in the form of the so-called "railway spine," but only when the injured part is turned toward the point from which the concussion proceeds.

2. Injuries of the cord and its membranes, such as occur in railway accidents, when they do not immediately kill or tend to death, generally tend toward cure, so that the power of working may be recovered to a considerable extent, although it is never entirely regained.

2. Railway officials, as the result of accident, often become the subjects of a morbid bodily as well as mental condition, siderodromophobia, which chiefly manifests itself as "spinal irritation," so-called; and which may very easily be confounded with disease due to anatomical lesions of the cord.

4. Clever simulation (of disease) by those who have been concerned in railway accidents has, in consequence of new laws, become remarkably common; previously existing disease has been falsely attributed to accident on the one hand, while, on the other, real (but slight) injury has been grossly exaggerated.

5. A single examination, indeed, repeated examinations, often do not suffice to qualify a surgeon to pronounce an opinion on a given case. Long and repeated observation of the alleged injury, and an accurate knowledge of the previous general health, as well as a conscientious weighing of all concomitant circumstances, are always needed.

Effects of Elevated Regions on Phthisis.

At a recent meeting of the Medical Society of London, a paper was read by Dr. C. T. Williams, upon "Phthisis Treated at High Altitudes." The principal characteristics of mountain climates, such as those of Davos and the Engadine, in winter, were (1) the rarefaction of the atmosphere, as shown by the low barometric pressure, causing an increase in both pulse and respiration rates; (2) the dryness of the air, resulting from the low temperature; (3) the intensity of the solar radiation, enabling individuals to sit out of doors when in the shade the temperature was below freezing; and (4) the stillness of the

atmosphere. The author then adduced four cases in illustration of the good and bad effects of mountain climates. The chief influence of the climate of high altitudes is decidedly stimulating, increasing the appetite, improving the digestion, and quickening the respiration and circulation, the latter effect causing it to be unsuitable in cardiac and cerebral cases. The physical signs of the lungs rapidly change, a diminution in dullness (due either to absorption of the consolidation, to hypertrophy of lung tissue, or to localized emphysema) being more marked than any of the auscultatory phenomena. Pulmonary hemorrhage was less frequent. The cases least fitted are those where pyrexia exists, and all cases where the lungs are largely involved.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A polemical pamphlet on "Urethrismus or Chronic Spasmodic Stricture," is sent us by Dr. F. N. Otis, of New York city. He discusses at considerable length the mechanism of this form of stricture, and defends his theory of it, against that of Dr. H. B. Sands.

——In an article on Yellow Fever, read before the Medical Association of Georgia, Dr. J. G. Westmoreland, of Atlanta, attacks the principle of quarantine, and insists that malaria is an essential factor of yellow fever. Fortunately, both these opinions receive very small support from unbiased and able observers.

——Aspergillus in the living human ear is not very rare. In a monograph before us, Dr. C. H. Burnett gives twenty cases. It is also very contagious, being easily conveyed from one person to another. For its destruction and removal, carefully syringing the ear with alcohol, pure or slightly diluted, or with a solution of hyposulphite of soda, gr.iij to water f.℥j were the measures employed. The greatest gentleness is requisite in all cases of aspergillus in the ear, lest eczema be excited, since in all these cases the ear seems to possess a readiness to slip into the eczematous state. The investigations of Bezold, of Munich, have fully confirmed the fact that the use of oleaginous matters for the cure of ear diseases is very often the cause of the growth of aspergillus in the ear.

——The activity of the gynecologists is well illustrated by a number of reprints and monographs which we have just received, and which we can only mention by title and author.

Dr. O. E. Herrick, "Instrumental Interference in Uterine Displacements;" "Ulceration of the Female Urethra;" "Galvanic Treatment of Ulcerated Os Uteri."

Dr. Ely Van de Warker, "Impotency in Women;" "Normal Position and Movements of the Unimpregnated Uterus."

Dr. E. W. Jenks, "Perineorrhaphy."

Dr. T. G. Comstock, "The Obstetric Forceps."

Dr. H. P. Wenzel, "A Case of Protrusion of the Stump of the Pedicle through the Cicatrix, more than three years after Ovariotomy."

Dr. G. M. B. Maughs, "A Case of Enterocele Vaginalis Anterior."

Dr. William Goodell, "On the Relation of Neurasthenia to Diseases of the Womb."

Dr. S. C. Busey, "Alternating Anterior and Posterior Version of the Uterus."

Dr. A. Reeves Jackson, "On the Treatment of Sterility."

Dr. T. M. Drysdale, "Biographical Memoir of Washington L. Atlee, M.D."

The four last-mentioned of these are reprinted from the *Transactions* of the American Gynecological Society, the third volume of which, for the year 1878, has just been issued. It makes a handsome book of 472 pages, on fine paper, and neatly bound. We gave at the time of the session (which was held in this city) a full report of the proceedings and some of the papers. Besides those above mentioned, may be enumerated one by Dr. J. Marion Sims, "On the Surgical Treatment of Stenosis of the Cervix Uteri;" one on "The Necessity of Early Delivery," by Dr. T. Addis Emmet; "On the Hand as a Curette in Post-partum Hemorrhage," by Dr. H. P. C. Wilson; "On the Treatment of Post-partum Hemorrhage," by Dr. R. A. F. Penrose; "On the Treatment of the Acute Parenchymatous Nephritis of Pregnancy," by Dr. W. L. Richardson; and a number of others. All the Contributions are of a character to reflect credit on the Society and its annual volume. The Index of Obstetric and Gynecological Literature of All Countries, for 1877, prepared by Dr. J. S. Billings, U.S.A., is a most valuable feature for students, and one that we trust will be continued hereafter. The publishers are Houghton, Osgood & Co., Cambridge, Mass. Price $5.00.

——When cold is applied to the skin of the back of the neck in cats and rabbits, they run forward and leap up in the air; when to the same spot in pigeons, they exhibit retrograde movements, alternating with fits of stupor. How to explain these phenomena is the subject of a short paper by Dr. Isaac Ott. His suggestion is as follows:—

"The sensory fibres do not decussate in pig-

eons, and if an irritation is made on one side of the median line the impression ascends on the same side, and calls the retrogressive ganglia of that only into activity, which activity is expressed on the opposite side of the body, due to the motor decussation. Now, the retrogressive ganglia are in power over one side of the brain, while the other side of the brain, under the influence of the cerebrum, is disposed to move the opposite side of the body forward; hence the bird cannot go directly forward, but deviates to the side where the retrogressive ganglia have shown their activity—the bird moves in a circle. The action might be compared to that of driving a horse forward and at the same time strongly pulling one of the reins, the checking rein corresponding to the side of the brain under the influence of the retrogressive ganglia. If, now, the skin on both sides of the median line is irritated, then the retrogressive ganglia on both sides of the median line are dominant, and the bird moves backward, notwithstanding all efforts to prevent it. It might be compared to a horse pulled on his haunches by two strong check-reins."

The hypnotic state can be explained by sensory irritation, produced by the bisulphide of carbon, calling ganglia at the base of the brain into activity, which ganglia have an inhibitory power.

BOOK NOTICES.

Posological Table; including all the Officinal and the most frequently employed unofficinal preparations. By Charles Rice, chemist. N. Y., Wm. Wood & Co., 1879. 12mo, cloth, pp. 96.

This table gives the names of medicines, their doses, the formulæ of the U. S. Pharmacopœia, and of other pharmacopœias, and by certain arbitrary signs which remedies are poisonous, which require caution, and some other points. The doses are given in apothecaries' weight, and a table for converting them into the metric system is appended.

The book shows considerable labor, and general good judgment and accuracy, but we cannot but regret to see the old and erroneous rule for adjusting the doses for children under twelve years brought forward again.

Pott's Disease, its Pathology and Mechanical Treatment; with Remarks on Rotary Lateral Curvature. By Newton M. Shaffer, M.D. New York, G. P. Putnam's Sons, 1879. pp. 82.

An essay read before the New York County Medical Society gives the foundation for this little work. The details of the treatment of a number of cases are reported, and the devices of the author described. The pathology of the disease is discussed, and the principles of mechanical treatment explained. A few illustrations are added. The presswork of the book is poorly done, and no index is appended.

Transactions of the Rhode Island Medical Society for the years 1878-1879. Vol. II, Part 2. Published by the Society. pp. 160.

The proceedings of the quarterly meetings of the Society are given in considerable detail, and various original papers are appended. Dr. Charles O. Leary reported a successful case of trephining for epilepsy, and spoke in defence of the operation, and concluded: "From statistics, from my own experience, and from my investigation through the surgical literature of the subject, I come to the conclusion—notwithstanding the well defined opinions of Hamilton, Baron Larrey, Erichsen, and others, that the trephine is applied too sparingly in injuries of the skull; that in even simple fractures of the skull, where there is depression deep enough to infringe decidedly upon the brain, even without symptoms of compression, the trephine should be applied."

Dr. George Capron gives a long discussion of the management of puerperal convulsions. Of the prophylaxis, he remarks—

"For albuminuria, which will generally be found to be the cause or associated with these symptoms, there is probably no better remedy known than the bitartrate of potassa. My method of giving it is to make a solution of it with a little ginger and sugar in boiling water, of which I advise the patient to drink small draughts frequently until it has a moderate effect upon the bowels, and then to continue it in smaller quantities, until the symptoms disappear, or until labor comes on."

The subject of "mechanical dysmenorrhœa" was handled with considerable fullness by Dr. Virgil O. Hardon. He recommends for it incision of the cervix, and says of this operation: "It is not one which is still *sub judice* and which is based upon theoretical considerations alone. The experience of the last twenty-five years has amply demonstrated that incision of the cervix uteri for the relief of mechanical dysmenorrhœa, if undertaken at the right time and in the right way, is as successful and as free from danger as any of the ordinary operations in surgery."

Several obituary notices close the volume.

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THE QUESTION OF QUARANTINE.

When the infected districts on the Volga, around Wetlyanka, were surrounded by a sanitary cordon of the strictest kind, and absolutely all communication with the plague-smitten districts cut off, there were not wanting enthusiasts in England, Germany and this country who loudly condemned the whole procedure as sure to be of no good effect, to cause needless misery to the population shut in, to disturb the relations of commerce, and to excite the fears of the nation. Now that the result of that summary procedure has been successfully to stamp out the plague, we do not hear so much on that subject from the opponents of quarantine. Like other prophets, when their predictions fail, they think it best to keep silent.

Let the truth be told. The vilified and detested plan of quarantine has achieved a grand success; it has saved a nation, a continent, from a most dreadful epidemic. Let us be honest, and give the devil his due. Quarantine is not so useless after all.

For all that, sanitary regulations are not to be neglected. Whatever cleanliness and disinfection can accomplish, let us secure by observing them. But, *in addition to them*, let us have a quarantine of the most rigid possible character when the occasion is alarming enough to make it desirable. Let the general government enact the necessary laws and confer the requisite authority to carry them out. Let not the miserable jealousy of States and cities about their "rights" stand in the way of the good of the whole. Because we cannot have an absolute quarantine when needed, let us have the best we can.

Among the severe arraignments of the system of quarantine, that by Dr. J. C. LE HARDY, of Savannah (from the *Transactions* of the Medical Association of Georgia), is one of the most determined. It is an appeal to prejudice and self-interest, backed by *ex parte* statements, and shows these tendencies too strongly on its surface to influence unbiased minds. So long as the health of a community is held to be of second-rate importance compared to its money interests, just so long State medicine will be confined to the subordinate position it now occupies. So long as the local prejudices of a small section are allowed to imperil the sanitary condition of a great nation, will all measures fail of their best effect.

It is needless to refute in detail the arguments of those who oppose quarantine at any and all times, and who resist the establishment of general health regulations because they may conflict with what they consider the privileges of their city or State. Of course, it is easy to point out where quarantine has failed, and when all such cases are quoted, and *none mentioned in which it has succeeded*, the argument looks strong. It is also easy to show that quarantine interferes with business; but is it not also easy to prove that the introduction of an epidemic is still more destructive to economical interests? Has it been forgotten that the yellow fever in the Mississippi Valley last summer was supposed to have injured the monetary resources of the Valley to the amount of $50,000,000?

There has been too much partisanship in this discussion, too great anxiety to advocate extreme

and exclusive views. The middle ground, which recognizes the occasional great advantage of quarantine, and the invariable and immense value of sanitation, has not found the advocates which it deserves.

Notes and Comments.

Siderodromophobia.

This big word is derived from the modern Greek "siderodromos," railroad, and "phobos," fear, and is applied by Dr. Johannes Rigler, a German railway surgeon of long experience, to a peculiar mental affection of railroad employees. Dr. R. states that, as the result of their occupation, railway-engine mechanics become the subjects of an altered nerve condition, which he calls "irritation of the nerve-centres." It is the perpetual jarring, and shaking, and noise, which lead by degrees to this change, and which, under the influence of some unexpected shock, as in an accident, still further or more completely upset the nervous equilibrium, which ends, so to speak, in the condition known as "railway spine." This mental condition he names "Siderodromophobia," and defines it as "a more or less intense spinal irritation, coupled with a hysterical condition and a morbid disinclination for work, which, as the result of shock, occurs among railway *employés*, who, in consequence of their occupation, are specially predisposed to it." The author is unable to state whether this irritation is simply a congestion of the spinal cord, or whether it is to be referred to a dynamically altered nerve condition.

The Truth about the Climate of Nice.

Nice is much frequented by American and English invalids, and on several occasions we have pointed out that its advantages as a climatic resort are grossly over-estimated. We are glad to note that at the Therapeutical Society of Paris Dr. Grellety read a paper somewhat damaging as to the repute of Nice as a proper place of resort in phthisis. In this he points out the great variations of temperature, which occur to such an extent that the thermometer is often at more than 40° C. at full midday, while it indicates only 9° or 10° in the shade. If Nice were as salutary in phthisis as it is reputed to be, this disease ought to be rare among the inhabitants. This it is far from being, for its mortality from this cause among them is very high, compared to that of other cities. The statistics of the town, unfortunately, are purposely made erroneous, in order not to alarm visitors, and most cases of phthisis are registered as bronchitis, or as chronic disease. It is the same with regard to dangerous zymotic diseases, so that deaths in the epidemic of smallpox in December and January last were entered as occurring from acute disease or some other cause.

The Excision of Hard Chancres.

Dr. Auspitz, of the Vienna Polyklinik, has given the results of his experiments on the excision of hard chancres. Of thirty-four cases operated upon, thirty-two remained under observation; and of these thirty-two eighteen healed without any hardness, and the remaining fourteen healed with hard bases. In three of the thirty-two cases roseola and other general symptoms were present before the operation; two other cases did not remain long enough under observation, and four others exhibited a dubious result. Of the remaining twenty-three there were fourteen which healed without any hardness, and no constitutional symptoms were exhibited up to the time of last observation; the period of observation varied from four months to twenty. Of the nine cases in which hard bases were left, two showed very slight constitutional symptoms, while the rest showed well-marked constitutional symptoms. Less fully carried out experiments have also been made by Dr. Unna and Dr. Kölliker, and these have shown similar results.

Rest in Disease.

Speaking of the advantages of rest in disease, Dr. A. T. E. Linghurst classifies, in the *Lancet*, the varieties of rest as follows:—

1. Mental rest.
2. Bodily rest.
3. A combination of the above, as in that most perfect state of rest which we call "sleep."
4. Organic rest, as evidenced in the avoidance of exertion in cardiac disease; of talking, in affections of the respiratory tract; and in limiting, so far as possible, the act of deglutition in affections of the alimentary tract by the substitution of enemata.
5. Local rest, as secured by change in the position of body or limb, the use of pillows, cushions, etc.
6. Dietic rest, by avoiding the too frequent use of food and drink.
7. Medicinal rest, in the relief of spasm by inhalations, and the not too frequent administration of medicines, to the prejudice of nutrients or stimulants.

A Perilous Form of Mental Effort.

In an article on "Mental Reflexes," in the *Lancet*, Dr. J. Mortimer Granville observes—

A frequent cause of failure in the faculty of attention is striving to think of more than one thing at a time. It is, of course, impossible that the mind should be engaged with two topics at once. The expertness which seems to accomplish this feat is, in fact, a highly developed power of glancing from one subject to another with great rapidity—a sort of mental trapeze-flying, wherein the performer often gets an ugly fall, and may be permanently disabled. If he escape this calamity, there will probably come a time when he will discover that he has so impaired the power of application that he can scarcely follow a long sentence or carry out a sustained process of reasoning. Those who are compelled by their daily avocations to practice this flying method of thought should, for their own sakes, make it a rule to read, if possible, aloud—in any case attentively—a chapter or two of some sufficiently engrossing work at short intervals, so as to cultivate the faculty of attention.

A New Electric Mirror.

The *British Medical Journal* states that Dr. Hedinger, of Stuttgart, has invented an apparatus for the purpose of illuminating the cavities of the body, especially those of the larynx, nose and ear. It consists of a semiglobular convex mirror, made of finely polished silver, and having a platinum wire fixed to its focus. The wire is connected with a modified Bunsen's chromic acid battery, and can be heated to white heat. In cases where it is necessary to explore the larynx and nasal cavity, a plane mirror can be fastened to the concave one by means of a copper wire, so that it can be turned in all directions. In illuminating the ear or the nose, Dr. Hedinger uses a concave mirror, which is perforated in its centre. The platinum wire is fitted a little athwart the latter, so as to allow the eye to look through the whole unimpeded. The author has tried the mirror both on himself and on several patients, and has never experienced the slightest inconvenience from the temperature of the wire.

The Sputum in Pulmonary Gangrene.

In five out of six cases of gangrene of the lungs, Dr. Kannenberg (Virchow's *Archiv*) states that he found not only the forms of fungi which Leyden and Jaffe have shown to be common in sputum (bacteria, leptothrix pulmonalis, and some spirilla), but also infusoria of the family of monads. They were present in the sputum immediately after expectoration, and were in most cases abundant, commonly imbedded in plugs of fungus, but readily recognizable by their movement. Two forms were distinguishable, monas lens and cercomonas. The former is a pale spherule, somewhat smaller than a red blood corpuscle, with a long filament often wrapped around it. The latter is somewhat larger than a lymph corpuscle, also provided with a filament, often divided dichotomously, and presenting in its hinder part a process, and commonly with a clear nucleus in its interior. At rest, both forms are very similar.

Correspondence.

FOREIGN.

Letter from Great Britain.

Ed. Med. and Surg. Reporter:—

Edinburgh.—Medical matters in Edinburgh are quiet just now. The summer schools and class teachings do not open till about the first of May. These various classes display their advertisements in the windows of all the best drug stores, in medical book stores and instrument makers' shops. Some of the special classes are taught by professors of the University Medical School—a feature no doubt appreciated by the students, who flock from every quarter to this great centre of medical instruction. On one of these advertisements, Mr. Chiene's Class in Practical Anatomy, etc., I noticed a feature that our American professors and "quiz masters" might do well in copying after, *i.e.*, "External anatomy demonstrated on the living subject." It is very certain many artists know more of external anatomy than—shall I say—the majority of doctors.

Charitable institutions of a palatial appearance are numerous in Edinburgh. Probably no other city can boast of so many. These are called "hospitals," being, however, not such institutions as we commonly understand by the word "hospitals," but more like asylums, homes, etc. The handsomest among these is Donaldson's Hospital, after James Donaldson, a printer of Edinburgh, who left £210,000 for building and endowing the institution. This palatial building is situated, like most all of the others of this class, in the new part of the city. It is said Queen Victoria wished to buy this building for her Scottish palace; and, indeed, it presents a much finer appearance than her London residence.

The "Donaldson" affords accommodation for the maintenance of 300 boys and girls, including 90 deaf and dumb of both sexes, who are likewise clothed and educated. Among the "hospitals," mention may be made of John Watson's, maintaining and educating 120 children; Stewart's, erected at a cost of £30,000, for the mainten-

ance and education of poor boys, preference given to those of the name of Stewart; and finally, Fettes' College, erected in 1870, at a cost of £150,000. This is a magnificent structure. It is conducted on the same plan as some of the great English schools, and clothes and maintains besides fifty foundations.

The drug stores, or "chemists' shops," of Edinburgh are, for the most part, quite ordinary looking. No attempt is made, even by such houses as Duncan & Flockhart's, to make their windows attractive. A few ugly looking color bottles and a host of medical class advertisements are what most of the windows hold. The retail drug stores of Glasgow are much neater and more showy in front. The wholesale houses of Edinburgh are, however, as a rule, models of neatness, and throw in the shade the majority of our Market Street drug houses. Duncan & Flockhart's wholesale house looks better than his two or three retail shops. On most of the doors of the retail shops is a brass plate, stating the hours of attendance on Sundays. Glasgow has, besides its numerous "open surgeries," drug stores that display in their windows fancy and handsome signs, stating that Doctor So-and-so, of such a street, consults daily in this shop, at such and such an hour; or two to three hours morning and afternoon are given. C. C. V.

London, May 2d. * * * A suicidal death has occurred in the city this week, from two drachms of cyanide of potash, taken by a man in a glass of beer. In the statement at the post-mortem examination, Dr. Sharpe said the deceased had lived fourteen hours after taking the poison. An unaccountable length of time for a poison the effects of which are usually very rapid.

Quite a successful way some medical men and surgeons have of combating free hospital and out-door department service is seen in the following advertisement:—

"The High Street Dispensary, Woolwich. —The surgeons attend daily. This dispensary has been opened mainly for the benefit of the working classes. It is unnecessary to enlarge upon the advantages of dispensary practice as opposed to hospitalism, general, gratuitous advice, and the pernicious habit of prescribing by those unqualified to advise. Men eminent in the profession have declared themselves in favor of these dispensaries, and the classes for whom they are intended fully recognize the boon conferred by such establishments.

Advice and medicine, if necessary, 1 shilling.
" " " 2s 6d, weekly
" " " children, 1s, "
Patients attended at their homes at 3s 6d, weekly. Midwifery and vaccination attended to"

The feeling against promiscuous free prescribing is growing more strong daily. The druggist of Middlesex Hospital told me, in a late conversation, that the younger portion of the profession was making so much complaint and stir in regard to the out-dispensing of that hospital that there was much probability of this department being closed, or, at least, its working radically changed, making a trifling charge in most cases, and thus not only making it self-supporting, but aiding some of those dispensaries of a private character, as described above. The Medical and Surgical Reporter of a year or so ago contained several interesting letters on the charity subject, and it is to be hoped this universal stirring up of the subject will yield to a much-needed reform.

In regard to the hygienic condition of London, it is claimed to be the best drained, best pored and best ventilated city in Europe, or even in the world. It is drained by sewers, which run beneath the city in all directions, and empty themselves into vast main drains, by which the sewage of the metropolis and its suburbs is carried twelve miles down the river, into which it is discharged from enormous outfalls, by the aid of pumps and steam machinery. This gigantic work was begun in 1859, and is now completed.

Dr. Roberts, of Philadelphia, called attention, in one of his foreign letters, I remember, a year or so ago, to the advertisements of the great hospitals and charities all earnestly appealing for money, and in some cases stating that the work must stop unless speedy aid should come. I see all these advertisements still bear the same tone. Either their advertisements are "plots," or else they continue to have a hard time of it. See even the "Charing Cross Hospital," "The Treasurer's 'Appeal' (printed in large capitals) to the benevolent," etc.

I was surprised, in my wanderings about London, to come across a book store with its windows full of anti-vaccination tracts, selling at a penny each. Some of the titles were: "The Vaccination Horror Unveiled;" "Vaccination in the Light of History," etc. Many persons stopped at the window to nod, and not a few went in and bought a tract or two, among those being myself.

There is some prospect that a Congress of "Domestic Economy" will be held in London during this season—perhaps under the auspices of the Society of Arts. Would not such a meeting be of value in the United States. Those interested in hygiene would favor such, as well as the attempts to teach American girls cooking. Both are indirectly, if not very directly, related to health. Through their influence easy stomachs and easy minds might be obtained—both great aiders to health and happiness C. C. V.

DOMESTIC.

Female Assistants in Insane Hospitals.

Ed. Med. and Surg. Reporter:—

My attention has been called to the fact that in the report of the Committee of the State Medical Society, on women medical superintendents for the female departments of insane hospitals, a reference was made to the Philadelphia editor of the *Boston Medical and Surgical Journal*, which I have also seen in your account of the proceedings of the meeting, in the Reporter, May 31st. Knowing that it was kindly meant, I refer to it only in order to correct a possible misapprehension in the minds of your readers. I should be sorry if my signature to a protest or memorial, as a "plain M.D.," were to convey the impres-

sion to any candid mind that I was desirous of adding thereto the influence or endorsement of any journal or society with which I might be connected; nor does it justly do so, in my opinion.

Without wishing to argue the question, nor indeed having sufficient assurance to enter the lists with one of its champions, I may be permitted to briefly state several of the more prominent reasons upon which I based my opinion of this matter; reasons which I believed to be sound, and which, after carefully reading the lengthy report of the Committee, I see no cause for changing, although perfectly willing to do so as soon as it can be shown that they are erroneous.

To my mind, the present status of the question is, that certain persons desire a radical change in a plan now, and for a number of years, in successful operation. In order to gain their point, it seems to me that the burden of proof rests with them to show—

1. That the present system fails in efficiency.
2. That its defects are inherent and not remediable under existing circumstances.
3. That these defects can be obviated only by the adoption of some other system.
4. That the particular plan advocated is not only free from these defects, but also has no faults of its own sufficient to counterbalance its asserted advantages.
5. That the plan is practical, and not theoretical.

In the place of proof of the kind that is needed, we find the following assumptions, which are apparently intended to be taken as acknowledged facts:—

1. It has been an unfortunate thing that, heretofore, society has been compelled to employ medical men as superintendents of the female as well as the male wards in insane hospitals.
2. The community is unanimously of the opinion that women are best treated by female physicians.
3. The community has acknowledged that there are "grave reasons, well known to physicians, and fully realized by women," why the latter should not be attended by the former, if unfortunately of the male sex.
4. The advantages of having female medical attendance for all diseases of women, psychical as well as physical, are so manifest as to warrant the Legislature in passing a law making it obligatory upon women detained in insane asylums to have women medical attendants, while it is evident that outside of such institutions ladies only exceptionally select such advice.
5. An institution does better with two heads than one.
6. In two institutions which are quoted as having been managed by women, satisfactorily, they have performed the duties better than they possibly could have been discharged by men.
7. The favorable experience of Pennsylvania Hospital in its department for the insane, and the numerous institutions throughout the country of equally good standing in the opinion of the community, goes for nothing in the discussion of the question.
8. Women without special training are now fully qualified to do work of a character heretofore entrusted only to experts, who, according to existing rules, must have served for many years in a subordinate capacity, before they are placed in such positions of trust and responsibility.

Moreover, it should be remembered that the report was adopted at the meeting at Chester, *by only a small majority*, and it is a matter of very serious doubt whether it correctly expresses the opinion of a majority of the members of the State Society; and I would respectfully submit that we, as physicians, should hesitate to recommend legislation that is clearly opposed to the wishes and judgment of a large constituency, which, as the Committee has stated, is wanting neither in position nor influence.

I have not touched upon a number of practical questions that naturally suggest themselves, prominent among them being that of marriage, which has a very close bearing upon the practicability of the plan now urged for adoption. If women are elected for such positions during the child-bearing period, the question must come prominently before the Trustees of such institutions, whether or not the applicant for office will agree to give her whole time to her administrative duties, or expects to devote part of it to rearing children. As the appointment is for five years, and the female superintendent can be removed "only for infidelity to the trust imposed, or incompetency," it will be an important question to decide in advance.

These are some of the reasons, imperfectly expressed, for my position. I do not doubt that they must have less weight in the eyes of the advocates of the new method than they have in my own. But to me, the question is one not simply of theory; it possesses a practical application that seriously affects the future usefulness of the institutions for the insane in this commonwealth, and the condition and comfort of thousands of unfortunate insane patients; and since it is one of whose wisdom and utility a large proportion of the profession and the community honestly entertains serious doubts, it would also appear that the Legislature cannot adopt the measure in its present form at the present time, nor indeed at any time, unless some evidence is adduced that it truly represents the wisdom and the wishes of the people. If law is to be regarded as "the highest expression of reason and common sense," we should certainly hesitate before asking our lawgivers to assume the risk of stultifying themselves by the hasty passage of enactments that, in the minds of a fair proportion of the community, are held as satisfying neither of these requirements.

Very respectfully,

FRANK WOODBURY.

218 *S. 16th St., Phila.*

Ready-made Prescriptions.

ED. MED. AND SURG. REPORTER:—

Probably there is no one of the city or large town fraternity of medicine who so ardently longs for some reliable, "ready-made" form of administering medicines as the country doctor. Medicines in an accurate state of subdivision, and ready for administration, such as pills and tinctures, must furnish his main reliance, for convenience, accuracy, and purity in his remedies.

Now, sugar or gelatine coating and capsules furnish, certainly, convenience of administration. The writer, however, has personal knowledge of capsules and sugar-coated pills passing in the dejections completely intact. Cathartic remedies, when used in either of these forms, will generally prove their solubility or non-solubility in the gastric fluids. But there is no similar test, except for such remedies as emetics, antiperiodics, and narcotics, and these are not always reliable, on account of a variety of circumstances which often combine to counteract their known effects. The manufacture of gelatine and sugar-coated pills is carried on in our large cities on a very large scale, and I believe I ask a question which country physicians would like to have answered by such authorities in the cities as are reliable. It is this: "How far are these "ready-made" formulas in pills to be trusted, for reliability in administration, for accuracy, permanence of purity, and solubility in the digestive fluids? The medical journals all advertise these and a great variety of other manufactures. Is that fact to be considered in any way an endorsement of those who conduct these journals? If not, are such advertisements consistent with the code of ethics?

Danville, Ky. G. C.

[Medical editors, we are obliged to confess, are not absolutely omniscient; therefore, they do not know whether every statement made by advertisers, or correspondents either, is exactly so. They should not wittingly publish a falsehood; and with that their responsibility ends. As to the general question, some of the preparations referred to are reliable, some are not. Often those from the same manufactory differ widely. —Ed. Reporter.]

A Startling Case.

Ed. Med. and Surg. Reporter:—

Last fall I was called in to consult with a neighboring physician as to the expediency of opening what seemed to be an inguinal abscess. The history given by the attending physician was this: The tumor had been gradually forming about three weeks, first hard and inflamed, and then soft, all the time very painful. All these symptoms were elicited by interrogation, except the last. I found the surface about the tumor discolored and sensitive, partly the effect of a fly blister, which had been applied with the view of facilitating rupture of the walls of the abscess and discharge of its contents. Accepting the history as correct, and being misled by the condition consequent upon the blister, I concurred in the diagnosis, and advised opening at once.

While I held a hand of the patient, who was a delicate looking girl of about 17 years, my *frater medicus* undertook to operate. Imagine our consternation when, instead of a gush of pus as the skin was opened, there was only the sound as of air entering or escaping, and suddenly the abscess disappeared entirely, leaving no indication, except sensitiveness, of its ever having existed. What did it mean? Of course, we had mistaken a psoas for an inguinal abscess. And Dr. Gross says of spoas abscess, "As soon as it (the sac) is opened, whether spontaneously or artificially, and the air is permitted to mingle with its contents, the constitution manifests at once the most lively sympathy, as is evidenced by the rapid supervention of rigors and hectic fever, with all its train of evils."

In the present case the patient was much depressed and exhausted by the protracted severity of the pain, which no constitutional remedies seemed able to relieve. We directed our patient to be placed in a semi-recumbent posture, and warm poultices to be applied to the part. Suppuration soon commenced, and the pain which had been so unyielding soon disappeared. I saw her again the next day. She was still comparatively comfortable. Saw her again about three months after, and she was still quite comfortable, and considered convalescent. Pus continued to flow from the opening in the groin. About three months after that I heard that she was still improving, and contemplating a visit to Iron City.

Was it right to open the abscess? If I had recognized its true character, and had had in my mind the foregoing warning of Prof. Gross, I should have hesitated, at least. And yet I think it was best to open it. For the result shows that her suffering, which was exhausting her, was owing to the presence of the pus, and its liberation was followed by relief and improvement, instead of "hectic fever, with all its train of evils." But what about the air which entered the cavity of the sac? This certainly occurred, as indicated by the bubbling sound which was heard by the operator as soon as the skin was opened. After discovering our error, I examined, by touch, the skin, and found the lumbar region quite sensitive, but no curvature anywhere.

My object in reporting this case is to elicit expression of opinion as to the expediency of opening these sacs, and the danger of admitting air into them. I had little opportunity to examine as to any constitutional predisposition. Her general appearance, however, indicated a strumous diathesis. Six months after the opening she was comparatively comfortable, and apparently convalescent, without any of the grave manifestations apprehended by Profs. Gross and Erichsen. Delta.

Montgomery Co., Ind.

A Case of Stramonium Poisoning.

Ed. Med. and Surg. Reporter:—

The following case of stramonium poisoning, taken from notes in my possession, may be of interest to some of your readers. On Thursday, August 17th, 1876, my friend, Dr. Hiram Corson, very kindly asked me to see a child with him, that had been poisoned by eating the unripe pod and seeds of the stramonium. We found the child suffering very much from the effects of the poison, nearly three hours having elapsed since she took it. There was great dilatation of the pupils, with total blindness, almost constant convulsions, with great rigidity of the muscles of the spine. The child would pull and tear at its throat in the most frantic manner, so that we were com-

pelled to tie up its hands. The blowing, which is characteristic of poisoning by stramonium, was not very marked in this case, yet it did it several times in our presence. It is performed in the following manner: the child suffering from the poison suddenly throws its head back, looks up toward the ceiling, and fixing the mouth as if it were going to whistle, gives a very long expiration. It is very important to be familiar with the symptom, as it would be positive proof of the presence of this poison. In poisoning by belladonna or henbane, we would have the convulsions and dilatation of the pupils, but we would not have the blowing. In poisoning by aconite, there is great prostration, violent vomiting and loss of sensibility, but neither coma nor convulsions, while the pupils are contracted, as in opium poisoning. We immediately injected warm water into the stomach, by means of the stomach pump, until it regurgitated out of the child's mouth, when we withdrew the tube. The water was immediately vomited, bringing away a number of seeds and small pieces of the pod. We repeated this process several times or as long as we could get any seeds or small pieces of pod. I would here advise those who have occasion to use the stomach pump for the purpose of removing poisonous substances, especially if the poison is in the shape of seeds or hard substances, to first pump water into the stomach, then withdraw the tube and allow the patient to vomit up the water. This will wash out the stomach thoroughly and bring away anything that may chance to be in it. We then gave the child twelve drops of laudanum; in an hour we gave twelve drops more; two hours later we gave it fourteen drops, thirty-eight drops in all. The spasms still continued, but not so severe; two hours after the last dose the child was sleeping heavily; it was then aroused by pouring cold water on its head. The spasms had ceased and it was evidently recovering from the effects of the poison; the pupils were very little dilated. The next day the child was running about, apparently well. OSCAR LEEDOM, M.D.

Plymouth, Pa.

NEWS AND MISCELLANY.

Burn Brae Private Hospital.

At a meeting of members of the medical profession of the counties of Philadelphia and Delaware, held June 5th, 1879, at the Private Hospital, "Burn Brae," Dr. R. A. Given Superintendent, of which meeting Dr. A. Nebinger, President of the Medical Society of the State of Pennsylvania, was Chairman, the following resolutions were adopted:—

Resolved, That we are most favorably impressed by the beautiful situation of the Hospital, its picturesque surroundings, elevated and healthful position, and that an examination of its interior has evidenced completness in all its departments, admirable cleanliness, neatness and comfort.

Resolved, That because of the appointments of the Hospital, the satisfactory condition of the patients, and its *home-like character*, we wish Dr. R. H. Given continued success in his humane and laudable work.

THOS. H. ANDREWS, M.D., *Chairman.*
WM. H. PANCOAST, M.D.
ISAAC N. KERLIN, M.D., *Committee.*

Circular in Reference to the Bulletin of the Public Health, Etc.

The following extract of an Act of Congress approved June 2d, 1879, entitled "An Act to prevent the introduction of contagious or infectious diseases into the United States," has been published:—

"SECTION 9. So much of the Act entitled, 'An Act to prevent the introduction of contagious or infectious diseases into the United States,' approved April 29th, 1878, as requires consular officers or other representatives of the United States at foreign ports to report the sanitary condition of and the departure of vessels from such ports to the Supervising Surgeon General of the Marine Hospital Service; and so much of said Act as requires the Surgeon General of the Marine Hospital Service to frame rules and regulations, and to execute said Act, and to give notice to Federal and State officers of the approach of infected vessels, and furnish said officers with weekly abstracts of consular sanitary reports, and all other acts and parts of acts inconsistent with the provisions of this Act, be, and the same are hereby, repealed."

Alleged Blindness from Sewer Gas.

A curious case is reported from New York city. A suit was brought by a Mr. Earl against a picture dealer, named Scott, to recover $100 for one month's rent of a store. Mr. Scott vacated the store early in May, and claimed that he was justified in breaking his contract with the landlord on account of defective sanitary arrangements. Dr. Moore, of the N. Y. Eye Infirmary, testified that Mr. Scott had become blind in one eye, from the effects of sewer gas poisoning, in a place which he formerly occupied, and that he had inspected the store on Sixth avenue, and having found sewer gas escaping into it, advised his patient to remove.

A Reminder for Some Subscribers.

At the request of a certain number of subscribers, we agreed to await their convenience for a few months in remitting subscriptions. As half the year has now about expired, we trust that these friends will aid us by the prompt payment of the small sum due from each. The aggregate is burdensome, and we *do not* like to dun them. We appeal to them to let this general notice be sufficient.

Personal.

—Dr. Philip Leidy, an able and well-known member of the profession of this city, has been appointed Port Physician for this port.

—Dr. Brouardel has been elected to the chair of Forensic Medicine in the Paris Faculty in place of the late Dr. Tardieu.

American Laryngological Association.

This Association held its first annual meeting in New York, on June 10th, 11th and 12th, at Delmonico's rooms, under very favorable auspices, Dr. Louis Elsberg, of New York, in the chair. A number of valuable papers were read and discussed every day, and considerable genuine interest evinced in the entire proceedings. The St. Louis *Medical Journal* was adopted as the official organ of the Association, in the columns of which the *Transactions* will duly appear.

The officers of the Association were reëlected for another year, and New York selected as the place of meeting, which occurs on June 10th and 11th, 1880.

The Association numbers some thirty-five members. Admission to its fellowship requires the presentation of an original paper and the endorsement of its Council.

Items.

—Sir Alexander Taylor, who since 1838 had resided as English physician at Pau, is dead. He was knighted in 1865, at the instance of Napoleon III, for the great improvements he effected in the popular watering-place.

—The German Sanitary Association will meet in Stuttgart, September 15th–17th. The subjects to be discussed are—rules for disinfection; for preventing epidemics; hygiene of restaurants and lodging houses; necessity of mortuary houses; public baths.

—The consumption of beer in Paris has assumed such large proportions that its home manufacture is quite insufficient, and has to be supplied by foreign beers, which are incontestably superior. The total annual consumption exceeds 100 million litres.

—At a meeting of the McDowell Medical Society, held in Owensboro, Ky., May 28th, 29th, the following officers were elected for ensuing year: *President*, Dr. S. S. Watkins, Owensboro; *first Vice President*, Dr. W. M. Fuqua, Hopkinsville; *Recording Secretary*, Dr. B. H. Chapman, Uniontown; *Corresponding Secretary*, Dr. J. T. Sinkins, Waverly; *Treasurer*, Dr. Jas. K. Letcher, Henderson.

—The city of Memphis has gone to work in earnest in sanitary matters. An organization has been formed to clean and disinfect the streets, yards and houses in a thorough manner. Drs. R. W. Mitchell, J. Pitman, R. L. Laski, and others, lent efficient aid to the movement. Of course, there was the usual display of obstruction on the part of some of the members of the profession, but it was voted down.

—Dr. Snow reports, from Providence, R. I., scarlatina is prevalent at the present time, though not generally severe; diphtheria still continues, but has lost its epidemic character. The number of deaths from typhoid fever in May was unusually large and exceptional for the season. The number from apoplexy and diseases of the heart was very large, but, on the whole, the health of the city is good for the season, and the present is the healthiest season of the year in this city.

OBITUARY RESOLUTIONS.

Dr. F. F. Maury.

At a special meeting of the Medical Staff of the Jefferson Medical College Hospital, held June 6th, 1879, the President having announced the death of Dr. Francis Fontaine Maury, one of the surgeons of the Hospital, on motion, it was

Resolved, That by the death of Dr. Maury the Hospital has lost the services of a zealous and efficient surgeon, and one whose name has been identified with the establishment and prosperity of the Hospital and with its clinical teaching.

Resolved, That the Hospital Staff deeply deplore his loss and will cherish his memory.

Resolved, That the crayon portrait of Dr. Maury, the first of the Staff taken away, shall be preserved in the operating room of the Hospital.

Resolved, That a copy of these resolutions be entered upon the minutes of the Medical Staff, and that a copy be sent to the family.

QUERIES AND REPLIES.

Dr. H. T. B., of Mo. The recipe you sent is a fraud. There are no such plants as it mentions. This is one of the tricks of charlatans. The dupe has to write to the reverend impostor who has the alleged plant to sell, and thus makes his money.

Scrolls. True kumyss is made from mare's milk, it is true; but the variety prepared from cow's milk is believed to be substantially the same.

S. T. P., of La. We prefer not to discuss the theological aspects of medical questions. Such discussion is barren.

Dr. McG., of Pa. The text of Bernard & Huette's *Surgery* is entirely new, and very carefully edited by Mr. A. T. Norton, of London.

MARRIAGES.

BROWN—STEVENSON.—On May 15th, by Rev. Ross Stevenson, assisted by Rev. D. W. Moore, James M. Brown, M.D., and Mary E. Stevenson, all of McVeytown, Mifflin County, Pa.

PATTERSON—HEYLMUN.—On Wednesday, June the 4th, 1879, by the Rev. William H. Lewis, Samuel D. Patterson, M.D., and Sophia V. Heylmun, all of Philadelphia.

PERSINGER—HART.—On May 21st, at the residence of the bride's mother, Mrs. E. L Hart, by Rev. Jesse Fulton, Dr. E. I. Persinger and Miss Ida L. Hart, both of Campte, La.

WILSON—BROWN.—On May 16th, by Rev. J. C. Barr, Walter S. Wilson, M.D., and Mary Alice, daughter of B. F. Brown, Esq., all of Cottage, Huntingdon county, Pa.

DEATHS.

EVERTON.—On the afternoon of the 12th inst., Dr. James S. Everton, of this city.

GREEN.—In Trenton, N. J., on May 29th, Thomas Henderson Green, M.D., aged seventy-one.

MAURY.—In this city, on the evening of the 4th instant, Francis Fontaine Maury, M.D., in his 59th year.

ROWE.—In New York, on Friday evening, May 2d, at the residence of her father, No. 410 West 44th street, Fannie M., only daughter of Dr. A. and Calesta H. Rowe.

TERHUNE.—In New York, on Thursday, June 5th, Julia F. Brundage, wife of Dr. G. A. Terhune.

THE

MEDICAL AND SURGICAL REPORTER.

No. 1165.] PHILADELPHIA, JUNE 28, 1879. [Vol. XL.—No. 26.

Editorial Department.

WATERING PLACE PHYSICIANS.

With the annual hegira to the country and the watering places, to the seaside and the springs, comes also the annual flight of such of the city doctors who can gain a month's vacation. Some of them, of financial skill, know how to make these vacations pay better than the months at home. These shrewd brethren belong mainly to either of two classes, the Hotel Doctor or the Eminent Specialist.

The Hotel Doctor early informs the proprietor that he has come for "the season," and wants a good room, and sometimes the privilege of a very modest sign in the hall, or his cards on the desk. He promptly becomes intimate with the distinguished looking head clerk, and they occasionally may be seen in social chat over the gay cigar or the agreeable cobbler. Whether it is the natural result of friendship, or, as some wicked people whisper, of "little divvies," who can say, but certain it is, when the baby gets the stomach ache, or the stout old lady one of her bilious turns, the head clerk is remarkably apt to mention that "We happen to have an excellent physician stopping with us just now, Dr. So-and-So. Perhaps you would like to see him?" And soon the Hotel Doctor captures the family, and establishes both reputation and connections for the future.

The Eminent Specialist regards with distrust the Hotel Doctor, and gives thanks that he is not such a man. He casually mentions among his patients, for some months before his departure, that this year he will enjoy his ease at Long Branch, Saratoga, or Newport, as the case may be. Perhaps, much to his displeasure, the announcement of this fact appears in one or two of the local papers. His arrival is promptly heralded, of course without his knowledge, in the list of guests; and as various of his patients have already preceded him and are scattered at the different hotels, he not only carries his practice with him, but, through the gossip of the idle summer hours, his presence becomes more and more known, and his hands continue delightfully full.

Meanwhile, the local doctors, who have struggled through the long months of frightful dullness which are so characteristic of watering places between seasons, in hopes of some crumbs from the rich men's feast, continue to hunger, dissatisfied and disgusted. Between the two species we have mentioned, hardly a tithe of the harvest falls to their share. Justly, therefore, they complain, and the unbiased mind cannot but sympathize with them. Even if called in *pro forma* to meet the Eminent Specialist, that great man puts them in such a corner that it makes the scarce dollars come all the harder. As for the Hotel Doctor, he makes no secret among his patients of his opinion of these unfortunate country physicians. They are worthy

men, Madam, excellent men, but then, in their isolated position, you know, so much behind the times. To be sure, they can't help it, but the more the pity for their patients. If a consultation is needed, he suggests at once the Eminent Specialist, and not the local practitioner.

Deeply and bitterly cognizant of these arts, the practitioners of Saratoga Springs have entered various protests against such action of their city brethren. In a meeting of the Saratoga County Medical Society, June 31st, the following resolution was passed:—

"WHEREAS, There are certain members of the medical profession now in good standing in the State Medical Society, as well as in county societies, who annually visit Saratoga Springs for the purpose of practicing medicine, and by their questionable manners in seeking practice, to the detriment of local resident physicians; therefore, be it

"*Resolved*, That we, as members of the County Medical Society, do condemn the practice above mentioned, as contrary to the spirit of our code of ethics.

"*Resolved*, That a copy of the foregoing preamble and resolution be sent to the MEDICAL AND SURGICAL REPORTER, of Philadelphia, and the *Medical Record*, of New York, and that a copy be sent to Dr. T. B. Reynolds, delegate to the American Medical Association, with the request that he will see that it is brought to the notice of the society above mentioned.

"C. C. BEDELL, M.D., *Secretary*."

It was forcibly put by the members, in discussing the question, that such peripatetic Esculapii are not very broadly different from the itinerant medicus whom all orthodox societies hold in horror and aim to check by legislative restrictions. Such, too, has become the opinion of the French rulers, for several determined efforts have been made in that country, of recent years, to check the influx of practicing English and German doctors at the health resorts during the season.

For our own part, we always admired the plan adopted by Sir Henry Holland, as related in his autobiography. In his numerous travels and visits to places of popular resort, he declined paying professional visits except in emergencies; and not unfrequently, in order to avoid being called upon, did not register himself as a medical man at all, but as a private gentleman.

A FULL INDEX

Is a feature so essential to the usefulness of periodical literature that we make no excuse for devoting nearly the whole of this number to an Index of the volume now closing. To obtain the proper use of the Index, the volume should be bound, as searching among a pile of loose numbers is extremely inconvenient. To facilitate the work of binding we have prepared a number of cases, neatly covered with cloth and stamped with the title, in gilt, of the REPORTER, which we mail for twenty-five cents each, or five for a dollar. For a nominal sum, a few cents per volume, any binder will slip into these and fasten the numbers of each half yearly series.

NOTES AND COMMENTS.

Method of Removing Hairs.

A writer in the Michigan *Medical News* gives the following method of eradicating superfluous hairs, as practiced by Dr. C. E. Mitchell, of St. Louis. The instruments required are, a pair of good ordinary forceps to seize the hair with, then a sharp needle, fastened to a small handle (a small, sharp pegging awl will do), which is to be passed down parallel to the hair, within its sheath, till you reach the bottom of the follicle, then withdraw; melt some nitrate of silver in an ordinary spoon, and into this fluid hold the point of a small needle (similarly fixed as the puncturing needle), till the silver crystallizes around the point like a minute ball, then insinuate this miniature caustic point into the pervious puncture, cauterize the follicle of the hair bulb or root, remove all instruments, and in a few hours the hair will ulcerate out by the roots, causing no pain or lesion, with an entire removal of hairs, avoiding all possibilities of scrubby, dwarfish returning hairs.

Prevention of Contagious Diseases in Schools.

One of the British Medical Officers of Health, Mr. F. E. Mauby, suggests that if a medical certificate that each child was in good health, and had not been exposed to any known zymotic influence during the holidays, could be required at both public and private schools at the commencement of each term, and if a systematic inquiry could be made, say at the beginning of each week, in each school, as to causes of absence, a very great step would be taken toward the checking of zymotic diseases, since it is certain that

the gathering together of children at schools is the principal means of spreading these among the population.

Carbolic Acid in Malarial Disease.

A strong plea for the value of carbolic acid in malarial disease is published in the *Virginia Medical Monthly*, from the pen of Dr. A. G. Tebault. He says: As a prophylactic, carbolic acid given in grain doses, at intervals of three to six hours, has, in my hands, yielded comparatively far happier results, even in cases where unmistakable prodromes of malarial fever were actually present. In experiments instituted during the past seven years, on my own person and others, feelings of lassitude, malaise, cutaneous torpors, disturbed sleep, furred tongue, nauseous taste and anorexia, often gave way under this treatment within twenty-four hours; and a pulse hitherto jerking and irritable became calm and of the natural rhythm, while a soothingly pleasant sensation pervaded the system. No fever manifested itself in any of the cases; on the contrary, the person felt refreshed and buoyant.

No other agent which I have employed has ever superseded carbolic acid as an apparent disinfector of the malarious taint within the system; and this, after anxious thought on the subject for years, is to my mind the first glimmer of light that may lead to the discovery of means to act directly on the poison of fever.

Posture in the Expulsion of the Placenta.

Dr. A. T. A. King, in an article in the *National Medical Review*, is inclined to believe that if a woman sits up immediately after the delivery of the child, the placenta is much less apt to be retained. He states that he has repeatedly secured the delivery of the placenta by instructing the female to sit after delivery, the child having been previously separated in the usual way. He does not, however, positively recommend this practice, though he points out that if the womb were not well contracted, its contraction would be promoted in the manner stated, and what is more, should hemorrhage occur in the sitting posture, it would probably be less profuse and less frequently fatal than when the woman was recumbent, for the reason that syncope would occur sooner, and thus the force of the cardiac ventricle would be reduced earlier and before time had been allowed for it to pump out the horrible sluices of blood that so often occur during post-partal hemorrhage in the recumbent posture.

Filtration of Rivers.

Some time since the French minister of Public Instruction authorized M. Gerardin to undertake some researches with a view of suggesting a remedy for river pollution in France. The results of his experiments, which have extended over a large number of years, have lately been published. Downward filtration is, he thinks, the only system yet known which is successful in thoroughly purifying sewage water, and in rendering it fit to flow into our rivers and brooks. In the case of the Croult, a river which flows into the Seine at St. Denis, serious pollution had arisen from starch works and sugar factories on its banks; in 1874 the proprietors of some starch works at Bourget arranged to make the water from their works flow over a piece of land drained for five hundred metres, but the ground was infected, and the water retained its injurious properties. Next year the water was diverted over a piece of land twenty times as large, and the success was complete. The water is distributed in gutters, by very fine streams, so as to be spread over the whole of the ground, by which means a sufficient oxidation is secured.

Correspondence.

Ovariotomy.

Ed. Med. and Surg. Reporter:—

On the 20th of May, with the aid of my son, Dr. Wm. C. Bennett, I performed my eighth operation for ovariotomy. The patient was about thirty-five years old; married, but had never had children. It proved to be a dermoid cyst, about the size of a large cocoanut, and contained a cyst containing about two quarts of fluid, with a great number of small cysts. In the large cyst was the fragments of an upper jaw, containing four teeth, two incisors and two molars, also a cyst about the size of a hen's egg, surrounded by a thin lamina of bone, containing a large tuft of brown hair, about the length of a finger. It was not loose, but grew from the inside of the sac. She had been married five years, and about two years since thought herself pregnant, as her menses ceased for a few periods and then returned, and continued until the operation. I look upon this as a real conception, where, for some reason, the ovum was delayed in the fallopian tube, and made an ineffectual effort to mature there. The pedicle was broad, and was secured by several ligatures, which were left hanging from the lower angle of the wound. No antiseptic measures were adopted, and up to this time, five full days, not one unfavorable symptom has occurred, and there is every prospect of a favorable recovery. E. P. Bennett, M.D.

Danbury, Ct., May 26th, 1879.

News and Miscellany.

Examination of Seamen.

The Marine Hospital Service has announced, in a circular, that in order to insure to such owners of American vessels as desire the services of sound and healthy seamen facilities for the proper physical examination of crews, at all ports where medical officers of the Marine Hospital Service are stationed, such officers will, upon the application of any U. S. Shipping Commissioner, or of the master or owner of any vessel engaged in the foreign trade, or passenger steamer engaged in the coasting trade, examine physically any seaman or seamen, and give a certificate as to their fitness or otherwise. No fee will be charged for the examination.

Items.

—The Burlington County Medical Society celebrated its semi-centennial anniversary in Burlington on June 18th. Dr. Joseph Parrish read a valuable sketch of the Society for fifty years back. A number of physicians were present.

—Dr. Swan M. Burnett, of Washington, has recently made some examinations to ascertain whether the negro of the United States is affected with color blindness to the same degree as the white race. He concluded that they are less liable to the defect.

—Dr. Jollinet, a physician of the department of the Seine et Oise, France, has met with a number of cases of trichinosis. Many persons suffered from serious symptoms after eating pork from the same animal. Out of twenty who partook of this food, sixteen were attacked. A portion of the pork was examined microscopically by M. Laboulbène, who had been consulted by Dr. Jollinet, and a number of trichinæ were found in it. The pork itself did not present any unusual appearance, not even when examined by a lens. This is the first epidemic trichinosis which has been observed in France.

OBITUARY NOTICES.

John T. Darby, M. D.,

Professor of Surgery in the Medical Department of the University of the city of New York, died last week, at the age of 42 years. His death was traceable to the introduction of septic matter into the system at an operation performed two years ago. Although the poison did not prove immediately fatal, his health has been gradually giving way ever since, and no medicine availed to eliminate the poison. Dr. Darby was a native of South Carolina, and a graduate of the Medical Department of the University of Pennsylvania. In September, 1873, he was offered and accepted the chair of Surgical Anatomy in the University of the City of New York. In May, 1874, he was offered and accepted the chair of Surgery, so long and so ably filled by the late Valentine Mott. Dr. Darby was also Visiting Surgeon to Mount Sinai and Bellevue Hospitals, a member of the Philadelphia Academy of Sciences, permanent member of the American Medical Association, and member of the Neurological Society, to which he contributed his paper on the "Trephine in Traumatic Epilepsy." He was the author of a thesis on the "Anatomy, Physiology and Pathology of the Supra-renal Capsules." His "Campaign Notes on the German War" is a standard work on military surgery. He also wrote papers on liquid glass as a surgical dressing, and horse-hair as a ligature and suture, besides various military and civil reports, notes on original operations, and contributions to medical periodicals.

—Died, suddenly, at his home, in Steubenville, O., on the evening of June 18th, 1879, Dr. Thomas Johnson, in the sixty-ninth year of his age. Dr. Johnson received his academic degree from Jefferson College, Cannonsburg, Pa., in 1828, and his degree in medicine from Jefferson Medical College, Philadelphia, in 1832. He was a good physician, a wise counselor, and a Christian gentleman.

—Dr. D. W. Putnam, the oldest practicing physician of Lamoille county, Vt., died at his residence in Morrisville, Vt., June 16. He was a graduate of the Medical Department of the U. V. M., in the class of 1828.

—Dr. Jacob F. Treichler died at McKeansburg, Schuylkill county, Pa., on June 18. He was one of the leading citizens of the county, having gone there in 1830, from Bucks county.

—Dr. Peregrine Wroth, who practiced medicine in Chestertown for over fifty years, died in Baltimore the other day.

MARRIAGES.

HEGEMAN—MOYER.—In Trenton, N.J., June 5th, at the residence of the bride's brother, by the Rev. Wm. H. Neilson, Jr., Dr. J. Aycrigg Hegeman, of New York City, and Lizzie C., daughter of the late Charles Moyer, of Philadelphia.

NEILL—MACALASTER.—In Philadelphia, in the Second Presbyterian church, June 4th, by Rev. Tryon Edwards, D.D., Dr. Hollingsworth Neill and Julia Kissam, daughter of the late Charles Macalester, Jr.

DEATHS.

DARBY.—In New York, on Monday, June 9th, 1879, at No. 39 West 20th street, John Thomson Darby, M.D., in the forty-third year of his age.

GRINDLE.—In Camden, N. J., on June 12th, Wesley Grindle, M.D., late of this city.

HORTON.—On June 11th, of pulmonary phthisis, Maggie, wife of Dr. L. S. Horton, No. 32 West 17th St., New York.

INGRAM.—In this city, on the 12th inst., Thomas Ingram, M.D., aged seventy-one years.

OSGOOD.—On Tuesday, June 3d, at No. 237 East 17th street, Caroline P. Osgood, daughter of Dr. J. W. D. Osgood, of New York.

PHELPS.—In North Attleboro, Mass., on June 2d, Dr. Thaddeus Phelps, a native of Windsor, Vt.

RIDGELY.—In this city, on the 10th inst., Thomas Howard Ridgely, M.D., late Surgeon U. S. Army.

WARDER.—In Germantown, on the 12th instant, Jane H., daughter of Dr. John W. and Elizabeth B. Warder, of Cincinnati, Ohio.

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